

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000109062

FILED
Oct 03, 2008
Secretary of State

Entity Name: PIER 98 NUMBER 2 OF PARKER, LLC

Current Principal Place of Business:

2612 WEST 15TH STREET
PANAMA CITY, FL 32401

New Principal Place of Business:

5904 B E HWY 98
PANAMA CITY, FL 32404

Current Mailing Address:

2612 WEST 15TH STREET
PANAMA CITY, FL 32401

New Mailing Address:

5904 B E HWY 98
PANAMA CITY, FL 32404

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PERRY, HENRY
2612 WEST 15TH STREET
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

RESCH, SALLY S TRUSTEE
5904 C E HWY 98
PANAMA CITY, FL 32404 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SALLY S. RESCH

10/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JANE E. MILLER REV., LIVING TRUST 1 0/11/07
Address: 2612 WEST 15TH ST
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JANE E. MILLER REV., LIVING TRUST 1 0/11/07
Address: 6297 S. GINTY
City-St-Zip: GOLD CANYON, AZ 85218

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JANE E. MILLER

MGRM

10/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date