

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000114070

**FILED**  
**Apr 08, 2013**  
**Secretary of State**

**Entity Name:** FALLING TIDE CHARTERS, LLC

**Current Principal Place of Business:**

1315 SE 39TH TERRACE  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

16273 AURA LN  
BOKEELIA, FL 33922

**Current Mailing Address:**

1315 SE 39TH TERRACE  
CAPE CORAL, FL 33904

**New Mailing Address:**

PO BOX 17  
BOKEELIA, FL 33922 UN

**FEI Number:** 26-1417834

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, RICHARD A  
762 OHIO AVENUE  
PALM HARBOR, FL 34683 US

**Name and Address of New Registered Agent:**

MCGUIRE, CORY J  
16273 AURA LN  
BOKEELIA, FL 33922 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: CORY MCGUIRE

04/08/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MCGUIRE, CORY J  
Address: PO BOX 17  
City-St-Zip: BOKEELIA, FL 33922 UN

I hereby 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: CORY MCGUIRE

MGR

04/08/2013

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