

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000122854

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** THE GRAND RESERVE GOLF, LLC

**Current Principal Place of Business:**

400 GRAND RESERVE BLVD  
BUNNELL, FL 32110

**New Principal Place of Business:**

**Current Mailing Address:**

707 SHORES BLVD  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 26-1131017

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PULLEN, MIKE  
707 SHORES BLVD  
ST AUGUSTINE, FL 32086 US

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

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: MIKE PULLEN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PULLEN, MIKE  
Address: 180 FONECA DR BLVD  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MGR  
Name: JONES, J. ROBERT JR  
Address: 110 W CLUB DR  
City-St-Zip: CARROLLTON, GA 30117

Title: MGR  
Name: WOLCOTT, BOB E  
Address: 2555 HIGHWAY 70 EAST  
City-St-Zip: DICKSON, TN 37055

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: MIKE PULLEN

MGR

03/20/2012

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