

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000012294

FILED
Oct 21, 2009
Secretary of State

Entity Name: ROOT OCEAN PROPERTY, LLC

Current Principal Place of Business:

700 LAKE STREET
3
BOYNTON BEACH, FL 33435 US

New Principal Place of Business:

13411 FOX CROFT LANE
PALM BEACH GARDENS, FL 33418 US

Current Mailing Address:

700 LAKE STREET
3
BOYNTON BEACH, FL 33435 US

New Mailing Address:

13411 FOX CROFT LANE
PALM BEACH GARDENS, FL 33418 US

FEI Number: 26-2429601 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

COOK, ROBERT B
17 BAY HARBOR ROAD
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

FAGAN, EUGENE R
13411 FOX CROFT LANE
PALM BEACH GARDENS, FL 33418 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: EUGENE FAGAN

10/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WALDRON, THOMAS S JR
Address: 700 LAKE STREET
City-St-Zip: BOYNTON BEACH, FL 33435 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FAGAN, EUGENE R
Address: 13411 FOX CROFT LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

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: EUGENE FAGAN

MGRM

10/21/2009

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