

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000015043

FILED
Feb 07, 2013
Secretary of State

Entity Name: SKYLINE TOURING ENTERPRISES, LLC

Current Principal Place of Business:

13582 MOCCASIN GAP ROAD
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

901 A STREET
C
SAN RAFAEL, CA 94901 US

Current Mailing Address:

1100 THIRD ST.
ATTN: MAYDAY PARADE
SAN RAFAEL, CA 94901 US

New Mailing Address:

901 A STREET
C
SAN RAFAEL, CA 94901 US

FEI Number: 26-1947838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JASON W. SEARL, P.A.
1000 E. ROBINSON STREET
SUITE G
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

ERESIDENT AGENT, INC.
236 E 6TH AVE
TALLAHASSEE, FL 32303 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: JEFF UNGER

02/07/2013

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BETTS, BROOKS P
Address: 901 A STREET, SUITE C
City-St-Zip: SAN RAFAEL, CA 94901 US

Title: MGRM
Name: SANDERS, DEREK M
Address: 901 A STREET, SUITE C
City-St-Zip: SAN RAFAEL, CA 94901 US

Title: MGRM
Name: LENZO, JEREMY S
Address: 901 A STREET, SUITE C
City-St-Zip: SAN RAFAEL, CA 94901 US

Title: MGRM
Name: BUNDRICK, CHRISTOPHER J
Address: 901 A STREET, SUITE C
City-St-Zip: SAN RAFAEL, CA 94901 US

Title: MGRM
Name: GARCIA, ALEXANDER A
Address: 901 A STREET, SUITE C
City-St-Zip: SAN RAFAEL, CA 94901 US

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: BRIAN REYNOLDS

CPA

02/07/2013

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