

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000030070

**FILED**  
**Oct 20, 2009**  
**Secretary of State**

**Entity Name:** UNCLE BUDDY'S CHARTERS, LLC

**Current Principal Place of Business:**

1904 NELSON CIRCLE WEST  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

12237 HAUSER RD  
PANANA CITY, FL 32404

**Current Mailing Address:**

1904 NELSON CIRCLE WEST  
TALLAHASSEE, FL 32303

**New Mailing Address:**

12237 HAUSER RD  
PANANA CITY, FL 32404

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

DREW, ELIZABETH  
1904 NELSON CIRCLE WEST  
TALLAHASSEE, FL 32303 US

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

DREW, ELIZABETH  
12237 HAUSER RD  
PANANA 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: ELIZABETH DREW

10/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DREW, JOHN T  
Address: 21940 BIRDSEYE DRIVE  
City-St-Zip: DIAMOND BAR, CA 91765

Title: MGRM ( ) Delete  
Name: MEYER, SARAH ANN  
Address: 21940 BIRDSEYE DRIVE  
City-St-Zip: DIAMOND BAR, CA 91765

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN T. DREW

MGRM

10/20/2009

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