

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000051738

FILED
Oct 20, 2009
Secretary of State

Entity Name: THE EAGLE'S REST GROUP LLC

Current Principal Place of Business:

586 BAYWOOD DRIVE NORTH
DUNEDIN, FL 34698

New Principal Place of Business:

3300 NORTH ALTERNATRE HWY 19 LOT 128
DUNEDIN, FL 34698

Current Mailing Address:

586 BAYWOOD DRIVE NORTH
DUNEDIN, FL 34698

New Mailing Address:

3300 NORTH ALTERNATRE HWY 19 LOT 128
DUNEDIN, FL 34698

FEI Number: 35-2336993 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:

MCFADYEN, HEATHER
586 BAYWOOD DRIVE NORTH
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

MCFADYEN, HEATHER
3300 NORTH ALTERNATRE HWY 19 LOT 128
DUNEDIN, FL 34698 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: HEATHER MCFADYEN

10/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCFADYEN, HEATHER
Address: 586 BAYWOOD DRIVE NORTH
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCFADYEN, HEATHER
Address: 3300 NORTH ALTERNATRE HWY 19 LOT 128
City-St-Zip: DUNEDIN, FL 34698

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: HEATHER MCFADYEN

MGR

10/20/2009

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