

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000052949

FILED
Jan 14, 2010
Secretary of State

Entity Name: SPOTTED DOG INVESTMENTS, LLC

Current Principal Place of Business:

511 CRYSTAL GREEN MEWS
OKOTOKS, AB T1S 2K6 CA

New Principal Place of Business:

109 CRYSTAL GREEN COURT
OKOTOKS, AB T1S 2K5 CA

Current Mailing Address:

511 CRYSTAL GREEN MEWS
OKOTOKS, AB T1S 2K6 CA

New Mailing Address:

109 CRYSTAL GREEN COURT
OKOTOKS, AB T1S 2K5 CA

FEI Number: 26-2723458 **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:

LARROW, PAUL L
3501 DEL PRADO BLVD
SUITE 312
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

MOORE, LORI L
3501 DEL PRADO BLVD
SUITE 211
CAPE CORAL, FL 33904 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: LORI L MOORE

01/14/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: EVANS, LORI
Address: 109 CRYSTAL GREEN COURT
City-St-Zip: OKOTOKS, AB T1S 2K5 CA

Title: MGRM
Name: GERVAIS, MIKE
Address: 109 CRYSTAL GREEN COURT
City-St-Zip: OKOTOKS, AB T1S 2K5 CA

Title: MGRM
Name: LACELLE, TAMMY
Address: 109 CRYSTAL GREEN COURT
City-St-Zip: OKOTOKS, AB T1S 2K5 CA

Title: MGRM
Name: LACELLE, JIM
Address: 109 CRYSTAL GREEN COURT
City-St-Zip: OKOTOKS, AB T1S 2K5 CA

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: TAMMY LACELLE

MGMR

01/14/2010

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