

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000060243

**FILED**  
**Oct 26, 2009**  
**Secretary of State**

**Entity Name:** VACATION AT GRAND PANAMA LLC

**Current Principal Place of Business:**

4719 SLALOM RUN  
OWENS CROSS ROADS, AL 35763

**New Principal Place of Business:**

**Current Mailing Address:**

4719 SLALOM RUN  
OWENS CROSS ROADS, AL 35763

**New Mailing Address:**

**FEI Number:** 26-2243522

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SULLIVAN, CHARLENE  
11807 FRONT BEACH ROAD I-605  
PANAMA CITY BEACH, FL 32407 US

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

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:** CHARLENE SULLIVAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** SULLIVAN, CHARLENE  
**Address:** 4719 SLALOM RUN  
**City-St-Zip:** OWENS CROSS ROADS, AL 35763

**Title:** MGRM ( ) Delete  
**Name:** MAYES, CALVIN  
**Address:** 2103 MANNING PLACE  
**City-St-Zip:** LAGRANGE, KY 40031

**Title:** MGRM ( ) Delete  
**Name:** MAYES, JOYCE  
**Address:** 2103 MANNING PLACE  
**City-St-Zip:** LAGRANGE, KY 40031

**ADDITIONS/CHANGES:**

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

**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:** CHARLENE SULLIVAN

**MEMB**

**10/26/2009**

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