

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000069819

FILED
Nov 28, 2009
Secretary of State

Entity Name: ROBERT'S CAPTAIN FOR HIRE, LLC

Current Principal Place of Business:

88 COCHISE CT.
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

88 COCHISE CT.
PALM COAST, FL 32137

New Mailing Address:

7770 SW 185 ST.
MIAMI, FL 33157

FEI Number: 26-3113224 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

WELZ, ROBERT E
88 COCHISE CT.
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

WELZ, ROBERT E
7770 SW 185ST
MIAMI, FL 33157 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: ROBERT E. WELZ

11/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WELZ, ROBERT E
Address: 88 COCHISE CT.
City-St-Zip: PALM COAST, FL 32137

Title: MGRM () Delete
Name: WELZ, MABLE L
Address: 88 COCHISE CT.
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: WELZ, MABLE L
Address: 7770 SW 185 ST
City-St-Zip: MIAMI, FL 33157

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: MABEL L. WELZ

MGRM

11/28/2009

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