

# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Oct 10, 2010**  
**Secretary of State**

DOCUMENT# L09000040012

**Entity Name:** ADVENTUREPERDIDO, LLC

**Current Principal Place of Business:**

4811 HURON DR  
PERDIDO KEY, FL 32507 US

**New Principal Place of Business:**

13726 RIVER RD  
PERDIDO KEY, FL 32507 US

**Current Mailing Address:**

4811 HURON DR  
PERDIDO KEY, FL 32507 US

**New Mailing Address:**

FEI Number: 26-4750658      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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: AMERICAN SAFETY COUNCIL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: DEFELICE, ETIENNE  
Address: 4811 HURON DR  
City-St-Zip: PERDIDO KEY, FL 32507 US

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: ETIENNE J DEFELICE      PRES      10/10/2010

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