

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000107952

**FILED**  
**May 09, 2011**  
**Secretary of State**

**Entity Name:** BOAT DOCTOR MOBILE MARINE SERVICE LLC

**Current Principal Place of Business:**

53 FLAGLER DRIVE  
PALM COAST, FL 32137

**New Principal Place of Business:**

9 PAMELA PKWY  
PALM COAST, FL 32137

**Current Mailing Address:**

53 FLAGLER DRIVE  
PALM COAST, FL 32137

**New Mailing Address:**

9 PAMELA PKWY  
PALM COAST, FL 32137

**FEI Number:** 27-1300385

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CASTRO, BRYAN  
53 FLAGLER DRIVE  
PALM COAST, FL 32137 US

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

CASTRO, BRYAN  
9 PAMELA PKWY  
PALM COAST, FL 32137 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: BRYAN CASTRO

05/09/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CASTRO, BRYAN  
Address: 9 PAMELA PKWY  
City-St-Zip: PALM COAST, FL 32137

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: BRYAN CASTRO

MGRM

05/09/2011

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