

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000006785

FILED  
Oct 18, 2011  
Secretary of State

**Entity Name:** CRABBY BILLS 4TH STREET SP, LLC

**Current Principal Place of Business:**

9900 4TH STREET NORTH  
ST PETERSBURG, FL 33762 US

**New Principal Place of Business:**

**Current Mailing Address:**

9900 4TH STREET NORTH  
ST PETERSBURG, FL 33762 US

**New Mailing Address:**

3001 EXECUTIVE DRIVE  
330  
CLEARWATER, FL 33762 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**

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

CAMPUZANO, LUIS M  
3001 EXECUTIVE DRIVE  
#217  
CLEARWATER, FL 33763 US

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

CAMPUZANO, LUIS M  
3001 EXECUTIVE DRIVE  
330  
CLEARWATER, FL 33763 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: LUIS CAMPUZANO

10/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LODER, MATT  
Address: 9900 4TH STREET NORTH  
City-St-Zip: ST PETERSBURG, FL 33762 US

Title: MGRM  
Name: POWWERS, GREG  
Address: 9900 4TH STREET NORTH  
City-St-Zip: ST PETERSBURG, FL 33762 US

Title: MGRM  
Name: SMITHSON, LISA  
Address: 9900 4TH STREET NORTH  
City-St-Zip: ST PETERSBURG, FL 33762 US

Title: MGRM  
Name: CAMPUZANO, LUIS  
Address: 9900 4TH STREET NORTH  
City-St-Zip: ST PETERSBURG, FL 33762 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: LUIS CAMPUZANO

MGRM

10/18/2011

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