

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000058176

**Entity Name:** OSHESKY AQUATICS, LLC

**FILED**  
**May 31, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

818 RADCLIFF AVE  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1413  
LYNN HAVEN, FL 32444

**New Mailing Address:**

**FEI Number:** 27-2741312

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OSHESKY, TIMOTHY E  
818 RADCLIFF AVE  
LYNN HAVEN, FL, FL 32444 US

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

OSHESKY, TIMOTHY E  
818 RADCLIFF AVE  
LYNN HAVEN, FL 32444 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: TIMOTHY OSHESKY

05/31/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OSHESKY, TIMOTHY E  
Address: 818 RADCLIFF AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGR  
Name: TOMASIELLO, LOUIS  
Address: 818 RADCLIFF AVE  
City-St-Zip: LYNN HAVEN, FL 32444

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: TIMOTHY OSHESKY

MGRM

05/31/2012

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