

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000130920

**Entity Name:** THE FLIP FLOP BAR LLC

**FILED**  
**Apr 12, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

5701 W LAKE BUTLER RD  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

5701 W LAKE BUTLER RD  
WINDERMERE, FL 34786

**New Mailing Address:**

**FEI Number:** 45-4493216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COUP, NOREEN  
8949 ROYAL BIRKDALE LANE  
ORLANDO, FL 32819 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:** NOREEN COUP

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** RAHILL, LAUREN  
**Address:** 5701 W LAKE BUTLER RD  
**City-St-Zip:** WINDERMERE, FL 34786

**Title:** MGRM  
**Name:** COUP, NOREEN  
**Address:** 8949 ROYAL BIRKDALE LANE  
**City-St-Zip:** ORLANDO, FL 32819

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:** LAUREN RAHILL

MGR

04/12/2013

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