

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M07000003377

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** EWGS INTERMEDIARY, LLC

**Current Principal Place of Business:**

5200 TOWN CENTER CIRCLE, SUITE 600  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

5200 TOWN CENTER CIRCLE, SUITE 600  
BOCA RATON, FL 33486

**New Mailing Address:**

20 HILL AVENUE  
FORT WALTON BEACH, FL 32548

**FEI Number:** 20-0415356      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

EDWIN WATTS GOLF SHOPS, LLC  
20 HILL AVENUE  
FORT WALTON BEACH, FL 32548 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: DAVID LENDERMAN

02/16/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** EDWIN WATTS HOLDING CORP.  
**Address:** 5200 TOWN CENTER CIRCLE, SUITE 600  
**City-St-Zip:** BOCA RATON, FL 33486

**Title:** CEOD  
**Name:** WATSON, JOHN  
**Address:** 20 HILL AVENUE  
**City-St-Zip:** FORT WALTON BEACH, FL 32548

**Title:** T  
**Name:** BARR, LYNDIA  
**Address:** 20 HILL AVENUE  
**City-St-Zip:** FORT WALTON BEACH, FL 32548

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: LYNDIA BARR

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02/16/2010

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