

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M07000005010

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** PANAMA CITY BEACH RENTALS DIRECT, LLC

**Current Principal Place of Business:**

101 CONVENTION CENTER DRIVE #700  
LAS VEGAS, NV 89109

**New Principal Place of Business:**

**Current Mailing Address:**

101 CONVENTION CENTER DRIVE #700  
LAS VEGAS, NV 89109

**New Mailing Address:**

116 MISSOURI AVENUE  
LYNN HAVEN, FL 324441255

**FEI Number:** 26-0592869      **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:**

OWINGS, SHIRLEY  
116 MISSOURI AVENUE  
LYNN HAVEN, FL 324441255 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: SHIRLEY OWINGS

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: OWINGS, SHIRLEY  
Address: 116 MISSOURI AVENUE  
City-St-Zip: LYNN HAVEN, FL 324441255

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SHIRLEY OWINGS

MGR

04/30/2009

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