

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 JAN 13 AM 8:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA



11102008 REIN-LLC CR2E101 (1/07)

4. FEI Number 13-3747044 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # M94000000021

1. Entity Name
BAY POINTE LIMITED, L.L.C., L.C.



Principal Place of Business
PANAMA CITY
3900 MARRIOTT DRIVE
PANAMA CITY, FL 32411

Mailing Address
P.O. BOX 27880
PANAMA CITY, FL 32411

2. Principal Place of Business - No P.O. Box #
PANAMA CITY
3. Mailing Address
PO Box 27880

Suite, Apt. #, etc.
3900 MARRIOTT DRIVE
Suite, Apt. #, etc.

City & State
PANAMA CITY FL
City & State
PANAMA CITY FL

Zip 32411 Country U.S.A. Zip 32411 Country

6. Name and Address of Current Registered Agent

SPANN, W.F.
3900 MARRIOTT PINE STE D
PANAMA CITY, FL 32408

7. Name and Address of New Registered Agent

Name
W.F. SPANN
Street Address (P.O. Box Number is Not Acceptable)
3900 MARRIOTT DRIVE
P.O. Box 27880
City PANAMA CITY FL Zip Code 32411

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *W.F. Spann* (NOTE: Registered Agent signature required when reinstating) DATE 4 December

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MCCORMICK, H T
STREET ADDRESS 3900 MARRIOTT DR., STE K
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

TITLE MGRA
NAME SPANN, W. F
STREET ADDRESS 3900 MARRIOTT DRIVE SUITE 8
CITY-ST-ZIP PANAMA CITY, FL 32411

TITLE
NAME L. SELLERS
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME JAN 14 2009
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME EXAMINER
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *W.F. Spann* 4 DEC 08 205 980 0057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #