

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Dec 20, 2005**  
**Secretary of State**

DOCUMENT# L04000075015

**Entity Name:** BRUCE V. CAVALL LLC

**Current Principal Place of Business:**

34041 MADISON AVE.  
RIDGE MANOR, FL 33523

**New Principal Place of Business:**

34041 MADISON AVE.  
RIDGE MANOR, FL 33523 US

**Current Mailing Address:**

34041 MADISON AVE.  
RIDGE MANOR, FL 33523

**New Mailing Address:**

34041 MADISON AVE.  
RIDGE MANOR, FL 33523 US

FEI Number: 20-1761703

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CAVALL, BRUCE V  
34041 MADISON AVE.  
RIDGE MANOR, FL 33523 US

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

CAVALL, BRUCE V MGRM  
34041 MADISON AVE.  
RIDGE MANOR, FL 33523 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: BRUCE V CAVALL

12/20/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: CAVALL, BRUCE V MGRM  
Address: 34041 MADISON AVE.  
City-St-Zip: RIDGE MANOR, FL 33523 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRUCE V CAVALL

MGRM

12/20/2005

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