

# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000086195

**FILED**  
**Nov 10, 2010**  
**Secretary of State**

**Entity Name:** GUARANTEED REALTY SYSTEMS, LLC

**Current Principal Place of Business:**

% C.B. WILLIAMS, GUARANTEED REALTY SYSTEMS  
8902 NORTH DALE MABRY HIGHWAY, SUITE 101  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

% C.B. WILLIAMS, GUARANTEED REALTY SYSTEMS  
8902 NORTH DALE MABRY HIGHWAY, SUITE 101  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 32-0162486

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS, C.B.  
GUARANTEED REALTY SYSTEMS, LLC  
8902 NORTH DALE MABRY HIGHWAY, SUITE 101  
TAMPA, FL 33614 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: C.B. WILLIAMS

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WILLIAMS, C.B.  
Address: 8902 NORTH DALE MABRY HIGHWAY, SUITE 101  
City-St-Zip: TAMPA, FL 33614

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: C.B. WILLIAMS

MMBR

11/10/2010

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