

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000013315

FILED
Oct 05, 2004
Secretary of State

Entity Name: HORROX AND GLUGOVER LLC

Current Principal Place of Business:

214 LOOMIS AVE.
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

214 LOOMIS AVE.
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 59-3693163 **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:

Name and Address of New Registered Agent:

GLUGOVER, JONATHAN H
214 LOOMIS AVE.
DAYTONA BEACH, FL 32114 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: GLUGOVER, JONATHAN
Address: 214 LOOMIS AVE.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: P () Delete
Name: HORROX, JOSEPH MICHAEL
Address: 214 LOOMIS AVE.
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GLUGOVER, JONATHAN
Address: 214 LOOMIS AVE.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: MGR (X) Change () Addition
Name: HORROX, JOSEPH MICHAEL
Address: 214 LOOMIS AVE.
City-St-Zip: DAYTONA BEACH, FL 32114

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: JOSEPH MICHAEL HORROX

MGR

10/05/2004

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