

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 JUN 12 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04252008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L00000013735

1. Entity Name  
L.G. ENTERPRISES, LLC



Principal Place of Business  
4412 LAFAYETTE AVE.  
SEBRING, FL 33875

Mailing Address  
4412 LAFAYETTE AVE.  
SEBRING, FL 33875

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

4. FEI Number  
65-1111940

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RHOADES, CLIFFORD R  
227 NORTH RIDGEWOOD DRIVE  
SEBRING, FL 33872

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$377.50

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME LACH, JOSEPH J  
STREET ADDRESS 4412 LAFAYETTE AVENUE  
CITY-ST-ZIP SEBRING, FL 33870

TITLE MGR ☐ Delete  
NAME GUELF, STEVE M  
STREET ADDRESS 30 LAKE JUNE ROAD  
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500130086825  
CITY-ST-ZIP 05/22/08--01005--003 \*\*377.50

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: \_\_\_\_\_ 4/29/08 863 441-2850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

REINSTATEMENT 0708