

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000016565

Entity Name: GATOR BAIT FOODS, LLC

**FILED**  
**Oct 12, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

2028 E STATE ROUTE 60  
VALRICO, FL 33594 US

**New Principal Place of Business:**

**Current Mailing Address:**

2408 KENWICK DR  
VALRICO, FL 33594 US

**New Mailing Address:**

FEI Number: 05-0525079

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WORTMAN, MATTHEW  
2408 KENWICK DR  
VALRICO, FL 33594 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: MATTHEW WORTMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WORTMAN, MATTHEW  
Address: 2408 KENWICK DR  
City-St-Zip: VALRICO, FL 33594

Title: MGRM ( ) Delete  
Name: WORTMAN, BOB  
Address: 71 HOWARD CIR  
City-St-Zip: WINDER, GA 30680

Title: MGRM ( ) Delete  
Name: HOWARD, JEAN  
Address: 71 HOWARD CIR  
City-St-Zip: WINDER, GA 30680

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MATTHEW WORTMAN

PRES

10/12/2006

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