

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000019465

**Entity Name:** MENKE ENTERPRISES, LLC

**FILED**  
**Oct 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

31 HOFFMAN DRIVE  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

31 HOFFMAN DRIVE  
GULF BREEZE, FL 32561

**New Mailing Address:**

**FEI Number:** 13-4205874

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MENKE, LORI T  
31 HOFFMAN DR  
GULF BREEZE, FL 32561 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: LORI T. MENKE

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MENKE, LORI T  
Address: 31 HOFFMAN DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

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: LORI T. MENKE

OWNE

10/03/2011

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