

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 15, 2009  
Secretary of State**

DOCUMENT# L02000028236

Entity Name: GOBBI-PETERSON, LLC

**Current Principal Place of Business:**

107 SW 51ST STREET  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

107 SW 51ST STREET  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 02-0650184      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ECKERTY, THOMAS G ESQ.  
12734 KENWOOD PARK  
SUITE 89  
FT. MYERS, FL 33907 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: THOMAS ECKERTY ESQ

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GOBBI, MAUREEN  
Address: 107 SW 51ST ST  
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM ( ) Delete  
Name: PETERSON, EARL  
Address: 107 SW 51ST ST  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES:**

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 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: MAUREEN G GOBBI

MGRM

10/15/2009

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