

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000004189

**FILED**  
**Mar 10, 2005**  
**Secretary of State**

**Entity Name:** PM ENTERPRISES OF FT. MYERS, LLC

**Current Principal Place of Business:**

13302 PALM BEACH BOULEVARD  
FT MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

6784 HIGHLAND PINES CIRCLE  
FT MYERS, FL 33912

**New Mailing Address:**

FEI Number: 22-3893170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NEWKIRK, PHILIP  
6784 HIGHLAND PINES CIRCLE  
FT MYERS, FL 33912 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: PHILIP NEWKIRK

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: NEWKIRK, PHILIP  
Address: 6784 HIGHLAND PINES CIRCLE  
City-St-Zip: FT MYERS, FL 33912

Title: MGR ( ) Delete  
Name: TIPSON, MICHAEL G  
Address: 809 VALLEY DRIVE  
City-St-Zip: CANTON, GA 30114

**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 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: MICHAEL G. TIPSON

MGR

03/10/2005

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