

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000053244

Entity Name: GARY W. JEFFERS, LLC

FILED  
Dec 16, 2009  
Secretary of State

## Current Principal Place of Business:

5811 SIESTA LANE  
PORT RICHEY, FL 34668 US

## New Principal Place of Business:

14026 OLD DIXIE HWY  
LOT 3  
HUDSON, FL 34667 US

## Current Mailing Address:

5811 SIESTA LANE  
PORT RICHEY, FL 34668 US

## New Mailing Address:

14026 OLD DIXIE HWY  
LOT 3  
HUDSON, FL 34667 US

FEI Number: 20-0485143      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

JEFFERS, GARY W  
5811 SIESTA LANE  
PORT RICHEY, FL 34668 US

## Name and Address of New Registered Agent:

JEFFERS, GARY W  
14026 OLD DIXIE HWY  
HUDSON, FL 34667 US

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: GARY W. JEFFERS

12/16/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: JEFFERS, GARY W  
Address: 5811 SIESTA LANE  
City-St-Zip: PORT RICHEY, FL 34668 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: JEFFERS, GARY W  
Address: 14026 OLD DIXIE HWY  
City-St-Zip: HUDSON, FL 34667 US

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: GARY W. JEFFERS

MGRM

12/16/2009

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