

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000000676

Entity Name: ADAM D. RILEY, LLC

**FILED**  
**Dec 15, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

197 CAMELIA STREET  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

1218 RAMBLEWOOD DRIVE  
GULF BREEZE, FL 32563

**Current Mailing Address:**

197 CAMELIA STREET  
GULF BREEZE, FL 32561

**New Mailing Address:**

P.O. BOX 671  
GULF BREEZE, FL 32561

FEI Number: 52-2437481

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

RILEY, ADAM D  
197 CAMELIA ST.  
GULF BREEZE, FL 32561 US

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

RILEY, ADAM D  
1218 RAMBLEWOOD DRIVE  
GULF BREEZE, FL 32563 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: ADAM D RILEY

12/15/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: RILEY, ADAM D  
Address: 197 CAMELIA STREET  
City-St-Zip: GULF BREEZE, FL 32561

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: RILEY, ADAM D  
Address: 1218 RAMBLEWOOD DRIVE  
City-St-Zip: GULF BREEZE, FL 32563

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: ADAM D RILEY

MGR

12/15/2004

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