

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000041195

**Entity Name:** THE GEAR'S BOX LLC

**FILED**  
**Oct 06, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

16215 S.R. 50  
SUITE 207  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

3315 MAGNOLIA PETAL COURT  
CLERMONT, FL 34711 US

**New Mailing Address:**

**FEI Number:** 36-4555572

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CALDERON, RAFAEL A SR  
3315 MAGNOLIA PETAL COURT  
CLERMONT, FL 34711 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:** RAFAEL A. CALDERON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** CALDERON, RAFAEL A SR.  
**Address:** 3315 MAGNOLIA PETAL COURT  
**City-St-Zip:** CLERMONT, FL 34711 US

**ADDITIONS/CHANGES:**

**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:** RAFAEL A. CALDERON

MR.

10/06/2005

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