

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000067432

**FILED**  
**May 06, 2006**  
**Secretary of State**

**Entity Name:** CHET BRIDGES LLC

**Current Principal Place of Business:**

1117 BLUE SKY PLACE  
DOVER, FL 335275792 US

**New Principal Place of Business:**

15109 MARC DR.  
TAMPA, FL 33619 US

**Current Mailing Address:**

1117 BLUE SKY PLACE  
DOVER, FL 335275792 US

**New Mailing Address:**

5109 MARC DR.  
TAMPA, FL 33619 US

FEI Number: 02-0712422      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:**

BRIDGES, CHET  
1117 BLUE SKY PLACE  
DOVER, FL 335275792 US

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

BRIDGES, CHET  
5109 MARC DR.  
TAMPA, FL 33619 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: CHET BRIDGES

05/06/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BRIDGES, CHET  
Address: 1117 BLUE SKY PLACE  
City-St-Zip: DOVER, FL 335275792 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BRIDGES, CHET  
Address: 5109 MARC DR.  
City-St-Zip: TAMPA, FL 33619 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CHET BRIDGES

MGRM

05/06/2006

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