

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000086216

FILED
Nov 01, 2006
Secretary of State

Entity Name: GULFVIEW, LLC

Current Principal Place of Business:

5410 W. TYSON AVE.
F
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

PO BOX 13245
TAMPA, FL 33681

New Mailing Address:

FEI Number: 75-3177425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLOVER, LARRY
5000 W GANDY BLVD., E21
TAMPA, FL 33611 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: LARRY GLOVER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GLOVER, LARRY
Address: PO BOX 13245
City-St-Zip: TAMPA, FL 33681

Title: MGR () Delete
Name: GLOVER, STACY
Address: P.O. BOX 13245
City-St-Zip: TAMPA, FL 33681

Title: MGR () Delete
Name: GLOVER, TED L
Address: P.O. BOX 13245
City-St-Zip: TAMPA, FL 33681

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: LARRY GLOVER

MGR

11/01/2006

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