

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000086395

FILED
Oct 08, 2009
Secretary of State

Entity Name: CHANCE ENTERPRISES LLC

Current Principal Place of Business:

1320 1ST STREET NORTH
JACKSONVILLE, FL 32250

New Principal Place of Business:

1334 1ST STREET NORTH
JACKSONVILLE, FL 32250

Current Mailing Address:

1320 1ST STREET NORTH
JACKSONVILLE, FL 32250

New Mailing Address:

1334 1ST STREET NORTH
JACKSONVILLE, FL 32250

FEI Number: 43-2066381 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:

GILLESPIE, MICHAEL LEE
1320 1ST STREET NORTH
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

GILLESPIE, MICHAEL LEE
1334 1ST STREET NORTH
JACKSONVILLE BEACH, FL 32250 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: MICHAEL L GILLESPIE

10/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GILLESPIE, MICHAEL
Address: 1320 1ST STREET NORTH
City-St-Zip: JACKSONVILLE, FL 32250

Title: MGRM () Delete
Name: THOMAS, RANDALL
Address: 1320 1ST STREET NORTH
City-St-Zip: JACKSONVILLE, FL 32250

Title: MGRM () Delete
Name: HOLLER, DWIGHT
Address: 1320 1ST STREET NORTH
City-St-Zip: JACKSONVILLE, FL 32250

Title: MGRM () Delete
Name: THUMAS, THERIN
Address: 1320 1ST STREET NORTH
City-St-Zip: JACKSONVILLE, FL 32250

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GILLESPIE, MICHAEL
Address: 1334 1ST STREET NORTH
City-St-Zip: JACKSONVILLE, FL 32250

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 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: MICHAEL GILLESPIE

PRES

10/08/2009

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