

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000013929

**FILED**  
**Oct 06, 2007**  
**Secretary of State**

**Entity Name:** GREAT EXPECTATIONS L.L.C.

**Current Principal Place of Business:**

5133 9TH AVENUE S  
GULFPORT, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

5133 9TH AVENUE S  
GULFPORT, FL 33707

**New Mailing Address:**

3963 1ST AVENUE N  
ST. PETERSBURG, FL 33713

FEI Number: 20-2181250      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:**

RHONDA KAY SEARS  
5133 9TH AVENUE S.  
GULFPORT, FL 33707      US

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

RHONDA KAY SEARS  
3963 1ST AVE N  
ST. PETERSBURG, FL 33713      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: RHONDA KAY SEARS

10/06/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: RHONDA KAY SEARS,  
Address: 5133 9TH AVENUE S  
City-St-Zip: GULFPORT, FL 33707

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: RHONDA KAY SEARS,  
Address: 3963 1ST AVE N  
City-St-Zip: ST PETERSBURG, FL 33713

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: RHONDA KAY SEARS

MGR

10/06/2007

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