

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000017803

**FILED**  
**May 03, 2009**  
**Secretary of State**

**Entity Name:** DUNLAP ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

1714 SW 10TH AVE  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

2825 NW 45TH AVE  
CAPE CORAL, FL 33993

**Current Mailing Address:**

1714 SW 10TH AVE  
CAPE CORAL, FL 33991

**New Mailing Address:**

2825 NW 45TH AVE  
CAPE CORAL, FL 33993

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

DUNLAP, ANTHONY S  
1002 S.W. 9TH AVENUE  
CAPE CORAL, FL 33991 US

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

DUNLAP, ANTHONY S  
2825 NW 45TH AVE  
CAPE CORAL, FL 33993 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: ANTHONY S DUNLAP

05/03/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DUNLAP, ANTHONY S  
Address: 1714 SW 10TH AVE  
City-St-Zip: CAPE CORAL, FL 33991

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DUNLAP, ANTHONY S  
Address: 2825 NW 45TH AVE  
City-St-Zip: CAPE CORAL, FL 33993

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: ANTHONY S DUNLAP

MGRM

05/03/2009

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