

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000018219

**FILED**  
**Oct 05, 2009**  
**Secretary of State**

**Entity Name:** GABEL & ASSOCIATES LLC

**Current Principal Place of Business:**

14117 NIGHTHAWK TERRACE  
BRADENTON, FL 34202

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 49063  
SARASOTA, FL 34230

**New Mailing Address:**

**FEI Number:** 02-0738739      **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:**

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

GABEL, RON  
14117 NIGHTHAWK TERRACE  
BRADENTON, FL 34202 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: RON GABEL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GABEL, RON  
Address: PO BOX 49063  
City-St-Zip: SARASOTA, FL 34230

**ADDITIONS/CHANGES:**

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: RON GABEL

MGR

10/05/2009

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