

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000029571

**Entity Name:** GATOR CHOMP I, LLC

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

500 SOUTH FLORIDA AVENUE  
SUITE 800  
LAKELAND, FL 33801 US

**New Principal Place of Business:**

**Current Mailing Address:**

500 SOUTH FLORIDA AVENUE  
SUITE 800  
LAKELAND, FL 33801 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CAMPBELL, TIMOTHY F  
500 SOUTH FLORIDA AVENUE  
SUITE 800  
LAKELAND, FL 33801 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: TIMOTHY F. CAMPBELL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CAMPBELL, TIMOTHY F  
Address: 500 SOUTH FLORIDA AVENUE, SUITE 800  
City-St-Zip: LAKELAND, FL 33801 US

I hereby 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: TIMOTHY F. CAMPBELL

MGRM

04/27/2011

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