

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000034622

**FILED**  
**Jan 31, 2009**  
**Secretary of State**

**Entity Name:** GAMBER-SHAW ENTERPRISES LLC

**Current Principal Place of Business:**

1449 IRMA RD  
EUSTIS, FL 32726

**New Principal Place of Business:**

**Current Mailing Address:**

1449 IRMA RD  
EUSTIS, FL 32726

**New Mailing Address:**

**FEI Number:** 20-2671878

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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:** MARK WILLIAMS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MR. ( ) Delete  
**Name:** SHAW, DAVID M  
**Address:** 1449 IRMA ROAD  
**City-St-Zip:** EUSTIS, FL 32726

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** MR. ( ) Change (X) Addition  
**Name:** GAMBER, MICHAEL C  
**Address:** 201 HYLAN AVE.  
**City-St-Zip:** HAMLET, NC 28345

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:** D. MICHAEL SHAW

MR.

01/31/2009

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