

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000035255

FILED
Oct 15, 2008
Secretary of State

Entity Name: THE GYPSY GALLARDO GROUP, LLC.

Current Principal Place of Business:

2900 DESOTO WAY SOUTH
ST. PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

2900 DESOTO WAY SOUTH
ST. PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 14-1960893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLARDO, GYPSY C
2900 DESOTO WAY SOUTH
ST. PETERSBURG, FL 33712 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: DEBORAH FIGGS-SANDERS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GALLARDO, GYPSY C
Address: 2900 DESOTO WAY SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: MGRM () Delete
Name: TURNQUIST, ALAN J SR.
Address: 2900 DESOTO WAY SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: MGRM () Delete
Name: SHIRLEY, MARIO
Address: 2900 DESOTO WAY SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

ADDITIONS/CHANGES:

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

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

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: DEBORAH FIGGS-SANDERS

BM

10/15/2008

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