

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000052614

1. Entity Name
GULF COMM/ELECTRIC, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 12 AM 10:00

Principal Place of Business
3590 U.S. HIGHWAY 331 SOUTH, SUITE 101
DEFUNIAK SPRINGS, FL 32435

Mailing Address
3590 U.S. HIGHWAY 331 SOUTH, SUITE 101
DEFUNIAK SPRINGS, FL 32435

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10092006 REIN-LLC CR2E101 (11/05)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, BOB
3590 U.S. HIGHWAY 331 SOUTH, SUITE 101
DEFUNIAK SPRINGS, FL 32435

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
CAMPBELL, BOB
3590 U.S. HIGHWAY 331 SOUTH, SUITE 101
DEFUNIAK SPRINGS, FL 32435

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
CAMPBELL, JANET
3590 U.S. HIGHWAY 331 SOUTH, SUITE 101
DEFUNIAK SPRINGS, FL 32435

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

800080787118
10/12/06--01067--021 **150.00

TITLE
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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