

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000052614

1. Entity Name
GULF COMM/ELECTRIC, LLC



FILED

07 OCT 25 PM 2:49

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10-25-07 SECRETARY OF STATE
10-25-07 10:15 AM 016 \$500.00



REINSTATEMENT

4. FEI Number 20-2909265
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 the if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-24-07

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME CAMPBELL, BOB
STREET ADDRESS 3590 U.S. HIGHWAY 331 SOUTH, SUITE 101
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGRM
NAME CAMPBELL, JANET
STREET ADDRESS 3590 U.S. HIGHWAY 331 SOUTH, SUITE 101
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

Bob Campbell