

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000060918

Entity Name: DCBG HOLDINGS, LLC

FILED
Oct 24, 2008
Secretary of State

Current Principal Place of Business:

1978 8TH AVENUE NW
HICKORY, NC 28601

New Principal Place of Business:

1270 25TH STREET PLACE SE
HICKORY, NC 28602 US

Current Mailing Address:

PO BOX 3343
HICKORY, NC 28603

New Mailing Address:

PO BOX 2568
HICKORY, NC 28603 US

FEI Number: 20-3797907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN F. GILROY, III, P.A.
1435 EAST PIEDMONT DRIVE, SUITE 100
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

JOHN F. GILROY, III, P.A.
1695 METROPOLITAN CIRCLE
SUITE 2
TALLAHASSEE, FL 32308 US

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: JOHN F. GILROY, III

10/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JONES, DAVID S
Address: 1978 8TH AVENUE NW
City-St-Zip: HICKORY, NC 28601

Title: MGR (X) Delete
Name: WILLIAMS, GRANT
Address: 17588 N.E. CHARLIE JOHNS STREET
City-St-Zip: BLOUNTSTOWN, FL 32424

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JONES, DAVID S
Address: 1270 25TH STREET PLACE SE
City-St-Zip: HICKORY, NC 28602 US

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: DAVID S. JONES

MGRM

10/24/2008

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