

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000068793

**FILED**  
**Jun 29, 2009**  
**Secretary of State**

**Entity Name:** GULF COAST REALTY GROUP, LLC

**Current Principal Place of Business:**

525 QUAIL POINT  
JUPITER, FL 334588381

**New Principal Place of Business:**

1960 DOTSON DR  
BESSEMER, AL 35022

**Current Mailing Address:**

525 QUAIL POINT  
JUPITER, FL 334588381

**New Mailing Address:**

1960 DOTSON DR  
BESSEMER, AL 35022

**FEI Number:** 20-3328095      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SAVERY, MYLES T  
525 QUAIL POINT  
JUPITER, FL 334588381 US

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

DOTSON, TOMMY  
1960 DOTSON DR  
BESSEMER, FL 35022 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: TOMMY DOTSON

06/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SAVERY, MYLES T  
Address: 525 QUAIL POINT  
City-St-Zip: JUPITER, FL 334588381

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DOTSON, TOMMY  
Address: 1960 DOTSON DR  
City-St-Zip: BESSEMER, AL 35022

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: TOMMY DOTSON

MGRM

06/29/2009

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