

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000069000

**FILED**  
**Nov 06, 2007**  
**Secretary of State**

**Entity Name:** KERRIDGE CAPITAL INVESTMENT LLC

**Current Principal Place of Business:**

4045 NW 43 ST  
STE A  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1048  
GAINESVILLE, FL 32113

**New Mailing Address:**

**FEI Number:** 20-3139492      **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:**

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

KERRIDGE, BARBARA J  
4045 NW 43 ST  
STE A  
GAINESVILLE, FL 32606 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 LUCKEY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

**Title:** MGR      ( ) Delete  
**Name:** KERRIDGE, BARBARA J  
**Address:** 4045 NW 43 ST  
**City-St-Zip:** GAINESVILLE, FL 32606

**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:** BARBARA KERRIDGE

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11/06/2007

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