

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000073348

**Entity Name:** WESTSIDE CUTTERS,LLC

**FILED**  
**Oct 29, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

1441 GUARDIAN DR  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

1463 TALBOT AVENUE  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

1441 GUARDIAN DR  
JACKSONVILLE, FL 32221

**New Mailing Address:**

1463 TALBOT AVENUE  
JACKSONVILLE, FL 32205

**FEI Number:** 20-3219993

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GIDDENS, IAN N  
1441 GUADIAN DR  
JACKSONVILLE, FL 32221 US

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

GIDDENS, IAN N  
1463 TALBOT AVENUE  
JACKSONVILLE, FL 32221 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: IAN GIDDENS

10/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR ( ) Delete  
Name: GIDDENS, IAN I  
Address: 1441 GUARDIAN DR  
City-St-Zip: JACKSONVILLE, FL 32221

**ADDITIONS/CHANGES:**

Title: MR (X) Change ( ) Addition  
Name: GIDDENS, IAN N OWNER  
Address: 1463 TALBOT AVENUE  
City-St-Zip: JACKSONVILLE, FL 32205

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: IAN GIDDENS

OWNE

10/29/2008

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