

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000084828

Entity Name: E & G, LLC

FILED
Jan 05, 2009
Secretary of State

Current Principal Place of Business:

1226 WALES DRIVE
FORT MYERS, FL 33901

New Principal Place of Business:

858 CAL COVE
FORT MYERS, FL 33919

Current Mailing Address:

1226 WALES DRIVE
FORT MYERS, FL 33901

New Mailing Address:

P. O. BOX 9229
FORT MYERS, FL 33902

FEI Number: 51-0564717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCBRIDE, EDWARD ESQ.
1226 WALES DRIVE
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

SKINNER, KAREN A
12981 TREELINE COURT
NORTH FORT MYERS, FL 33903 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: KAREN A. SKINNER

01/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCBRIDE, EDWARD ESQ
Address: 1226 WALES DRIVE
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM () Delete
Name: MCBRIDE, GALE
Address: 858 CAL COVE DRIVE
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCBRIDE, EDWARD ESQ
Address: 806 CYPRESS LAKE CIRCLE
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM (X) Change () Addition
Name: MCBRIDE, GALE
Address: 858 CAL COVE
City-St-Zip: FORT MYERS, FL 33919

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: GALE MCBRIDE

MGRM

01/05/2009

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