

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000090169

Entity Name: GUICE, LLC

FILED  
Sep 04, 2007  
Secretary of State

**Current Principal Place of Business:**

4844 NW 112TH DRIVE  
CORAL SPRINGS, FL 33076 US

**New Principal Place of Business:**

**Current Mailing Address:**

4844 NW 112TH DRIVE  
CORAL SPRINGS, FL 33076 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

GUICE, ANN  
4844 NW 112TH DRIVE  
CORAL SPRINGS, FL 33076 US

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

GUICE, ANNE  
4844 NW 112TH DRIVE  
CORAL SPRINGS, FL 33076 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: ANNE GUICE

09/04/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GUICE, SHANE  
Address: 4844 NW 112TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: MGRM ( ) Delete  
Name: GUICE, ANN  
Address: 4844 NW 112TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ANNE GUICE

P

09/04/2007

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