

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000105690

**Entity Name:** ALTOM GULF SHORES, LLC

**FILED**  
**Oct 31, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

221 2ND AVE N  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

221 2ND AVE N  
NAPLES, FL 34102 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

LUGENBEEL, THOMAS E  
221 2ND AVE N  
NAPLES, FL 34102 US

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

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: THOMAS LUGENBEEL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LUGENBEEL, THOMAS E  
Address: 221 2ND AVE N  
City-St-Zip: NAPLES, FL 34102 US

Title: MGRM ( ) Delete  
Name: SHIELDS, ALBERT W  
Address: 186 SOUTHDOWN RD  
City-St-Zip: EDGEWATER, MD 21037 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: THOMAS LUGENBEEL

MR

10/31/2007

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