

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000107249

Entity Name: ADAM K. MCGINNIS P.L.L.C

**FILED**  
**Nov 20, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

5055 S. US HWY 17/92  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

733 W. COLONIAL DRIVE  
ORLANDO, FL 32804

**Current Mailing Address:**

5055 S. US HWY 17/92  
CASSELBERRY, FL 32707

**New Mailing Address:**

P.O. BOX 3364  
ORLANDO, FL 32804

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

MCGINNIS, ADAM K ESQUIRE  
5055 S. US HWY 17/92  
CASSELBERRY, FL 32707 US

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

MCGINNIS, ADAM K ESQUIRE  
733 W. COLONIAL DRIVE  
ORLANDO, FL 32804 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: ADAM K. MCGINNIS

11/20/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MCGINNIS, ADAM K ESQUIRE  
Address: 4109 FAIRVIEW VISTA POINT #118  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES:**

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: ADAM K. MCGINNIS

MGR

11/20/2007

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