

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000114410

**FILED**  
**Aug 09, 2007**  
**Secretary of State**

**Entity Name:** COMMERCIAL INVESTMENT COMPANY, LLC

**Current Principal Place of Business:**

6006 MARTINGLADE PLACE  
LITHIA, FL 33547

**New Principal Place of Business:**

16203 BRIDGEPARK DR  
LITHIA, FL 33547

**Current Mailing Address:**

6006 MARTINGLADE PLACE  
LITHIA, FL 33547

**New Mailing Address:**

16203 BRIDGEPARK DR  
LITHIA, FL 33547 US

**FEI Number:** 20-3857786      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

FOWLER WHITE BOGGS BANKER P.A.  
% MITCHELL I. HOROWITZ  
501 E. KENNEDY BLVD., STE. 1700  
TAMPA, FL 33602 US

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

ZAPF, WILLIAM J MR  
16203 BRIDGEPARK DR  
LITHIA, FL 33547 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: WILLIAM ZAPF

08/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR ( ) Change (X) Addition  
Name: ZAPF, WILLIAM J MR  
Address: 16203 BRIDGEPARK DR  
City-St-Zip: LITHIA, FL 33547 US

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: WILLIAM ZAPF

MR

08/09/2007

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