

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000005347

FILED
Dec 04, 2008
Secretary of State

Entity Name: GATOR SINAGE & STRIPING LLC

Current Principal Place of Business:

19110 GLADES CUTOFF ROAD
PORT ST. LUCIE, FL 34987

New Principal Place of Business:

Current Mailing Address:

19110 GLADES CUTOFF ROAD
PORT ST. LUCIE, FL 34987

New Mailing Address:

FEI Number: 20-4136208 FEI Number Applied For () FEI Number Not Applicable () 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:

HOFFMAN, TRACY J
19110 GLADES CUTOFF ROAD
FORT PIERCE, FL 33024 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: TRACY HOFFMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOFFMAN, TRACY J
Address: 19110 GLADES CUTOFF ROAD
City-St-Zip: FORT PIERCE, FL 33024

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

ADDITIONS/CHANGES:

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

Title: SEC. () Change (X) Addition
Name: CHRISTINA, STIGLITZ
Address: 1068 LEMON STREET
City-St-Zip: OKEECHOBEE, FL 34974

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: CHRISTINA STIGLITZ

SEC.

12/04/2008

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