

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000024510

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** HOLLANDGATE CONSULTING LLC

**Current Principal Place of Business:**

3333 CORMORANT COVE DRIVE  
JACKSONVILLE, FL 32223 US

**New Principal Place of Business:**

**Current Mailing Address:**

3333 CORMORANT COVE DRIVE  
JACKSONVILLE, FL 32223 US

**New Mailing Address:**

**FEI Number:** 03-0583251

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LINN, MICHAEL G  
3333 CORMORANT COVE DRIVE  
JACKSONVILLE, FL 32223 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: MICHAEL G LINN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HAWKINS, JEAN H  
Address: 3333 CORMORANT COVE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: MGRM  
Name: LINN, FRANK E  
Address: 589 WILLOW WALK PLACE  
City-St-Zip: ST AUGUSTINE, FL 32086 US

Title: MGRM  
Name: LINN, MICHAEL W  
Address: 513 W 24TH ST  
City-St-Zip: LITTLE ROCK, AK 72206 US

Title: MGRM  
Name: LINN, JOHN E  
Address: 1631 RIVEROAK DR  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGRM  
Name: HAWKINS, IAN P  
Address: 125 37TH AVE S  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MGRM  
Name: HAWKINS, MATTHEW A  
Address: 11777 EDENBRIDGE CT  
City-St-Zip: JACKSONVILLE, FL 32223 US

I hereby 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: MICHAEL G LINN

RA

04/22/2011

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