2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 05, 2009
Secretary of State

DOCUMENT# L06000034997

Entity Name: GILLEY ENTERPRISES, LLC

Current Principal Place of Business:

6601 DEERING CIRCLE
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 19319
SARASOTA, FL 34276

New Mailing Address:

6601 DEERING CIRCLE
SARASOTA, FL 34240

FEI Number: 20-4631092 **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:

TRACY, CATHERINE L
2058 CONSTITUTION BLVD
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

EDWARD, LYDECKER
6601 DEERING CIRCLE
SARASOTA, FL 34240 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: EDWARD J LYDECKER 10/05/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LYDECKER, EDWARD
Address: 6601 DEERING CIRCLE
City-St-Zip: SARASOTA, FL 34240

Title: MGR ( ) Delete
Name: LYDECKER, MARIE
Address: 6601 DEERING CIRCLE
City-St-Zip: SARASOTA, FL 34240

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: EDWARD LYDECKER MGRM 10/05/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date