

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000042379

**FILED**  
**Oct 15, 2007**  
**Secretary of State**

**Entity Name:** DUNCOMBE LAW OFFICE, LLC

**Current Principal Place of Business:**

3111 W. MLK JR. BLVD., SUITE 100  
TAMPA, FL 33607

**New Principal Place of Business:**

3111 W. MLK JR. BLVD.  
SUITE 100  
TAMPA, FL 33607

**Current Mailing Address:**

3111 W. MLK JR. BLVD., SUITE 100  
TAMPA, FL 33607

**New Mailing Address:**

3111 W. MLK JR. BLVD.  
SUITE 100  
TAMPA, FL 33607

**FEI Number:** 77-0669761      **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:**

DUNCOMBE, JEAN  
3111 W. MLK JR. BLVD., SUITE 100  
TAMPA, FL 33607 US

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

DUNCOMBE, JEAN  
3111 W. MLK JR. BLVD.  
SUITE 100  
TAMPA, FL 33607 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: JEAN DUNCOMBE

10/15/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DUNCOMBE, JEAN  
Address: 3111 W. MLK JR. BLVD., SUITE 100  
City-St-Zip: TAMPA, FL 33607

**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: JEAN DUNCOMBE

MGR

10/15/2007

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