

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000073291

FILED
Oct 12, 2007
Secretary of State

Entity Name: GUNSLINGERS SALOON LLC

Current Principal Place of Business:

1824 EAGLE TRACE BLVD
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

1824 EAGLE TRACE BLVD
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 87-0777431 **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:

Name and Address of New Registered Agent:

BROMAN, LYNDA
1824 EAGLE TRACE BLVD
PALM HARBOR, FL 34685 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: LYNDA BROMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROMAN, LYNDA
Address: 1824 EAGLE TRACE BLVD
City-St-Zip: PALM HARBOR, FL 34685

Title: MGRM () Delete
Name: GABER, MICHAEL
Address: 15241 SOUTH WEST 49TH STREET
City-St-Zip: DAVIE, FL 33331

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: MICHAEL GABER

PRES

10/12/2007

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