

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000073528

**FILED**  
**Oct 06, 2007**  
**Secretary of State**

**Entity Name:** GET A GRIP GYMNASTICS CENTER, LLC

**Current Principal Place of Business:**

3790 ENCHANTED OAKS LANE  
SEBRING, FL 33875

**New Principal Place of Business:**

518 MAPLE AVE.  
SEBRING, FL 33870 US

**Current Mailing Address:**

3790 ENCHANTED OAKS LANE  
SEBRING, FL 33875

**New Mailing Address:**

518 MAPLE AVE.  
SEBRING, FL 33870 US

**FEI Number:** 20-5288273      **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:**

RIMER, JAMES M  
3790 ENCHANTED OAKS LANE  
SEBRING, FL 33875 US

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

RIMER, JAMES M MGR  
3790 ENCHANTED OAKS LANE  
SEBRING, FL 33875 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: JAMES M RIMER

10/06/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: RIMER, JAMES M MGR  
Address: 3790 ENCHANTED OAKS LN.  
City-St-Zip: SEBRING, FL 33875 US

Title: MGR ( ) Change (X) Addition  
Name: RIMER, KATHLEEN A MGR  
Address: 3790 ENCHANTED OAKS LN.  
City-St-Zip: SEBRING, FL 33875 US

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: JAMES M RIMER

MGR

10/06/2007

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