

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000079279

**FILED**  
**Aug 14, 2012**  
**Secretary of State**

**Entity Name:** GERALD M. COLLINS & ASSOCIATES, LLC

**Current Principal Place of Business:**

5142 SEA CHASE DRIVE #2  
AMELIA ISLAND, FL 32034

**New Principal Place of Business:**

5142 SEA CHASE DRIVE  
UNIT #2  
AMELIA ISLAND, FL 32034

**Current Mailing Address:**

5142 SEA CHASE DRIVE #2  
AMELIA ISLAND, FL 32034

**New Mailing Address:**

PO BOX 16322  
AMELIA ISLAND, FL 32035

**FEI Number:** 20-5485651

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLLINS, GERALD M  
5142 SEA CHASE DRIVE #2  
AMELIA ISLAND, FL 32034 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:** GERALD M. COLLINS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** COLLINS, GERALD M  
**Address:** 5142 SEA CHASE DRIVE #2  
**City-St-Zip:** AMELIA ISLAND, FL 32034

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:** GERALD M. COLLINS

MGRM

08/14/2012

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