

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000083062

Entity Name: F&G HOLDINGS, LLC

FILED
Oct 27, 2008
Secretary of State

Current Principal Place of Business:

4501 TAMIAMI TRAIL NORTH
300
NAPLES, FL 34103

New Principal Place of Business:

11235 LONGSHORE WAY WEST
NAPLES, FL 341198825

Current Mailing Address:

4501 TAMIAMI TRAIL NORTH
300
NAPLES, FL 34103

New Mailing Address:

11235 LONGSHORE WAY WEST
NAPLES, FL 341198825

FEI Number: 20-8526077 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:

GOODLETTE, COLEMAN & JOHNSON, P.A.
4001 TAMIAMI TRAIL NORTH
300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

GOODLETTE, COLEMAN, JOHNSON, ET AL
4001 TAMIAMI TRAIL NORTH
300
NAPLES, FL 34103 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: CRAIG D. GRIDER

10/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BLACK, BRAD
Address: 4501 TAMIAMI TRAIL NORTH, SUITE 300
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BLACK, BRAD
Address: 11235 LONGSHORE WAY WEST
City-St-Zip: NAPLES, FL 341198825

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: BRAD BLACK

MGR

10/27/2008

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