# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Oct 01, 2009**
**Secretary of State**

DOCUMENT# L07000030130

**Entity Name:** GATOR AUTO SALES, LLC

**Current Principal Place of Business:**

920 N.W. PINE AVE.
OCALA, FL 34475 US

**New Principal Place of Business:**

4705 S PINE AVENUE
OCALA, FL 34475 US

**Current Mailing Address:**

920 N.W. PINE AVE.
OCALA, FL 34475 US

**New Mailing Address:**

4705 S PINE AVENUE
OCALA, FL 34475 US

**FEI Number: 20-8684696** **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:**

COMAS, DENISSE M
233 NW 10TH ST
OCALA, FL 34475 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: DENISSE M. COMAS

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: COMAS, DENISSE M
Address: 233 NW 10TH ST
City-St-Zip: OCALA, FL 34475 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: COMAS, DENISSE M
Address: 13930 NW HWY 464B
City-St-Zip: MORRISTON, FL 32668 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: DENISSE M. COMAS MGRM 10/01/2009

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