

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000033725

**FILED**  
**Nov 21, 2008**  
**Secretary of State**

**Entity Name:** M.D. GAVIN AND ASSOCIATES, LLC

**Current Principal Place of Business:**

800 OCALA ROAD  
SUITE 300-116  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

2757 SANDALWOOD DRIVE NORTH  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

800 OCALA ROAD  
SUITE 300-116  
TALLAHASSEE, FL 32304

**New Mailing Address:**

2757 SANDALWOOD DRIVE NORTH  
TALLAHASSEE, FL 32301

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

GAVIN, MARISA, DINETTE  
800 OCALA ROAD  
SUITE 300-116  
TALLAHASSEE, FL 32304 US

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

GAVIN, MARISA, DINETTE  
2757 SANDALWOOD DRIVE NORTH  
TALLAHASSEE, FL 32301 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: MARISA GAVIN

11/21/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WALKER, CANDICE, JUNEAU  
Address: 800 OCALA ROAD  
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGR ( ) Delete  
Name: DOUGLAS, EMANUEL, JABRIEL  
Address: 800 OCALA ROAD  
City-St-Zip: TALLAHASSEE, FL 32304

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ADENISIMI, OLELEKAN  
Address: 2100 SOUTH GREAT SOUTHWEST PARKWAY #601  
City-St-Zip: GRAND PRAIRIE, TX 75051

Title: MGRM (X) Change ( ) Addition  
Name: WALKER, CANDICE  
Address: 2757 SANDALWOOD DRIVE NORTH  
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGRM ( ) Change (X) Addition  
Name: DOUGLAS, EMANUEL  
Address: 2757 SANDALWOOD DRIVE NORTH  
City-St-Zip: TALLAHASSEE, FL 32304

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: OLELEKAN ADENISIMI

MGR

11/21/2008

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