

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000045993

1. Entity Name
GOOG, L.L.C.



Principal Place of Business
153 JUPITER KEY ROAD
JUPITER, FL 33477-7348

Mailing Address
153 JUPITER KEY ROAD
JUPITER, FL 33477-7348

FILED
08 NOV 26 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11132008 REIN-LLC CR2E101 (1/07)

4. FEI Number
26-2306970

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHENDELL & ASSOCIATES, P.A.
3650 N. FEDERAL HIGHWAY, SUITE 202
LIGHTHOUSE POINT, FL 33064

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HAHN, THOMAS
153 JUPITER KEY ROAD
JUPITER, FL 33477348 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600138234266
11/24/08--01051--009 **138.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HAHN, SUSAN
153 JUPITER KEY ROAD
JUPITER, FL 33477348 ☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

11/18/08

5677476846