

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000062869

FILED  
Oct 02, 2008  
Secretary of State

Entity Name: FGG LLC

**Current Principal Place of Business:**

8140 LUCIDUL COURT  
TRINITY, FL 34655 US

**New Principal Place of Business:**

8616 CITRUS PARK DR  
TAMPA, FL 33625 US

**Current Mailing Address:**

8140 LUCIDUL COURT  
TRINITY, FL 34655 US

**New Mailing Address:**

8616 CITRUS PARK DR  
TAMPA, FL 33625 US

FEI Number: 26-0524346      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:**

GALLOWAY, DAVID  
8140 LUCIDUL COURT  
TRINITY, FL 34655 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: DAVID GALLOWAY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GALLOWAY, DAVID  
Address: 8140 LUCIDUL COURT  
City-St-Zip: TRINITY, FL 34655 US

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: FRAUNHOFFER, GREGORY SR  
Address: 1523 SWEETSPIRE DR  
City-St-Zip: TRINITY, FL 34655

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: GREGORY FRAUNHOFFER SR

MGR

10/02/2008

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