

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000062869

FILED
Nov 05, 2009
Secretary of State

Entity Name: FGG LLC

Current Principal Place of Business:

8616 CITRUS PARK DR
TAMPA, FL 33625 US

New Principal Place of Business:

9602 W. LINEBAUGH AVE
TAMPA, FL 33626 US

Current Mailing Address:

8616 CITRUS PARK DR
TAMPA, FL 33625 US

New Mailing Address:

9602 W. LINEBAUGH AVE
TAMPA, FL 33626 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: MGR () Delete
Name: FRAUNHOFFER, GREGORY SR
Address: 1523 SWEETSPIRE DR
City-St-Zip: TRINITY, FL 34655

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: GALLOWAY, DONALD JR
Address: 1815 SUMAC CT
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: DONALD GALLOWAY

MGR

11/05/2009

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