

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000094109

Entity Name: LOCK'S BAIL BONDS LLC

FILED  
Dec 10, 2009  
Secretary of State

**Current Principal Place of Business:**

103 EARL KING ST  
APALACHICOLA,, FL 32320

**New Principal Place of Business:**

**Current Mailing Address:**

103 EARL KING ST  
APALACHICOLA,, FL 32320

**New Mailing Address:**

220 SOUTH TYNDALL PARKWAY  
SUITE A  
PARKER, FL 32404

FEI Number: 02-6163353      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:**

LOCKLEY, JEFFREY  
103 EARL KING  
APALACHICOLA, FL 32320      US

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

LOCKLEY, JEFFREY T  
103 EARL KING  
APALACHICOLA, FL 32320      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: JEFFREY T. LOCKLEY

12/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: LOCKLEY, JEFFREY  
Address: 103 EARL KING  
City-St-Zip: APALACHICOLA, FL 32320

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: LOCKLEY, JEFFREY T  
Address: 103 EARL KING  
City-St-Zip: APALACHICOLA, FL 32320

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: JEFFREY T. LOCKLEY

RA

12/10/2009

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