

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000096878

FILED
Oct 31, 2008
Secretary of State

Entity Name: GULF COAST CHEER, LLC

Current Principal Place of Business:

3615 S BELCHER DR
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

3615 S BELCHER DR
TAMPA, FL 33629 US

New Mailing Address:

FEI Number: 26-1113908 **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:

BAYYAT, WAIEL F JR.
6402 WINGFOOT CIR
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

SCHULZ, RICHARD W
3801 S WESTSHORE BLVD
TAMPA, FL 33611 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: RICHARD SCHULZ

10/31/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHULZ, KATHY M
Address: 3615 BELCHER DR
City-St-Zip: TAMPA, FL 33629 US

Title: MGR () Delete
Name: BAYYAT, EILEEN M
Address: 6402 WINGFOOT CIR
City-St-Zip: TAMPA, FL 33634 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHULZ, KATHLEEN J
Address: 3615 BELCHER DR
City-St-Zip: TAMPA, FL 33629 US

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

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: KATHLEEN J SCHULZ

MM

10/31/2008

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