

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000097078

FILED
Oct 06, 2009
Secretary of State

Entity Name: EMERALD COAST GASKET GUY LLC

Current Principal Place of Business:

362 BLUEFISH DR #3
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

11208 HUTCHISON BLVD
153
PANAMA CITY BEACH, FL 32407

Current Mailing Address:

362 BLUEFISH DR #3
FT. WALTON BEACH, FL 32548

New Mailing Address:

11208 HUTCHISON BLVD
153
PANAMA CITY BEACH, FL 32407

FEI Number: 26-0645681 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

ADRIAN MCALEER, PAUL
362 BLUEFISH DR #3
FT. WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

ADRIAN MCALEER, PAUL
11208 HUTCHISON BLVD
153
PANAMA CITY, FL 32407 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: PAUL A MCALEER

10/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCALEER, PAUL A
Address: 362 BLUEFISH DR #3
City-St-Zip: FT. WALTON BEACH, FL 32548

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCALEER, PAUL A
Address: 11208 HUTCHISON BLVD #153
City-St-Zip: PANAMA CITY BEACH, FL 32407

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: PAUL A MCALEER

MGRM

10/06/2009

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