2909 LIMITED LIABILITY COMPANY REINSTATEMENT

KEINSTATEMENT				- Sun Office Fill m
1. Entity Name	MENT # L0700010 MCGUIGAN, LLC	2149		OPSEP 29 PM 4:00
Principal Place	of Business	Mailing Address		7/9/(
7401 E SLIGH AVE.		7401 E SLIGH AVE.		111
TAMPA, FL 33610		TAMPA, FL 33610	~ . /	
			/)X	A KARANCIN AN BENIK IRAN BENIK ABAN ABAR AKAN BENIK AKAN AKAN AIRA AKAN AKAN AKAN IRAN ANDA BENJADI AN 1998
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u></u>	09142009 REIN-LLC CR2E101 (1/07)
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Specificate of Status Desired Fee Required
6. Name and Address of Current F		t Registered Agent		7. Name and Address of New Registered Agent
Name				
MCGUIGAN, GARY R 7401 E SLIGH AVE.		Street Address		iss (P.O. Box Number is Not Acceptable)
TAMPA, FL 33610		1 LV		
			<u> </u>	
		. ()	City	FL Zip Code
8. 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, I am familiar with, and accept				
the obligations of Agristered agent.				
SIGNATURE _	Signature, lyped or printed name of registored age	nt and tille if applicable. (NOTE	Registered Agent signature o	equired when reinstating) DATE
FILE NOW!!! FEE IS \$277.50 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to liability company did not receive the prior pottles. Fleeta Department of State				
7,55	1011/11 1 1 1 1 4 4 2 7 7 1 1 0 0	liability company did	not receive the prior	notice. Florida Department of State
9.	MANAGING MEMI	 BERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE	MGRM	☐ Defete	TITLE	Change Addition
NAME	MCGUIGAN, GARY R		NAME	
STREET ADDRESS CITY-ST-ZIP	7401 E SLIGH AVE. TAMPA, FL 33610		STREET ADDRESS CITY-ST-ZIP	
TITLE	TAMEN, I C 000 TO	Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	- · -
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-SI-ZIP	Change C Addition
TITLE NAME		☐ Delete	TITLE NAME	OOO161132350 09/29/0901009026 **277.50
STREET ADDRESS			STREET ADDRESS	09/29/0901009026 **277.50
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		Delete	TITLE	☐ Change ☐ Addition
NAME Street address			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	,	REINSTA	TEMENT	Change Addition
NAME		IFIIAAIL		2000 2009
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY+ST-ZIP	•
TITLE		☐ Delete	TITLE	Change Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	and the state of t	ish this filling days not must be	CITY-ST-ZIP	ned in Chapter 110. Florida Statutes I further carries that the information
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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				
1) Mac/				
SIGNATURE: 6 3 1/4/04				
BIGNATURE AND TYPES OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Date Date Date Date Date				