

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000122983

**FILED**  
**Oct 20, 2009**  
**Secretary of State**

**Entity Name:** BULL GATOR ARCHAEOLOGICAL, LLC

**Current Principal Place of Business:**

10418 SKYCREST DRIVE NORTH  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

10418 SKYCREST DRIVE NORTH  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

**FEI Number:** ☐ **FEI Number Applied For ( )** ☐ **FEI Number Not Applicable (X)** ☐ **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:**

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

SAIS, DEAN  
10416 SKYCREST DRIVE NORTH  
JACKSONVILLE, FL 32246 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: /L. JACK GIBNEY/

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: SAIS, DEAN  
Address: 10416 SKYCREST DRIVE N.  
City-St-Zip: JACKSONVILLE, FL 32246 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: /DEAN SAIS/

MGR

10/20/2009

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