

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000050853

**FILED**  
**Sep 30, 2009**  
**Secretary of State**

**Entity Name:** L GAMBLE RE SERVICES LLC

**Current Principal Place of Business:**

1114 N. FEDERAL HIGHWAY  
SUITE 5  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

14608 87TH STREET N  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

1114 N. FEDERAL HIGHWAY  
SUITE 5  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

14608 87TH STREET N  
LOXAHATCHEE, FL 33470

**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:**

GAMBLE, LINDA  
1114 N. FEDERAL HIGHWAY  
SUITE 5  
BOYNTON BEACH, FL 33435 US

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

NORRIS, AMANDA  
909 LAKESHORE DR  
SUITE 211  
LAKE PARK,, FL 33403 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: AMANDA NORRIS

09/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GAMBLE, LINDA  
Address: 14608 87TH STREET N  
City-St-Zip: LOXAHATCHEE, FL 33470

**ADDITIONS/CHANGES:**

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: LINDA GAMBLE

MNG

09/30/2009

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