

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000041086

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Entity Name:** FOWKE AND ASSOCIATES, LLC

**Current Principal Place of Business:**

1444 BLOOMINGDALE AVENUE  
VALRICO, FL 33596 US

**New Principal Place of Business:**

**Current Mailing Address:**

1444 BLOOMINGDALE AVENUE  
VALRICO, FL 33596 US

**New Mailing Address:**

**FEI Number:** 26-4828854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FOWKE, JOHN C  
1444 BLOOMINGDALE AVENUE  
VALRICO, FL 33596 US

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

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:** JOHN C. FOWKE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** FOWKE, JOHN C  
**Address:** 1444 BLOOMINGDALE AVENUE  
**City-St-Zip:** VALRICO, FL 33596 US

**Title:** MGR  
**Name:** FOWKE, DAVID A  
**Address:** 1444 BLOOMINGDALE AVENUE  
**City-St-Zip:** VALRICO, FL 33596 US

I hereby 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:** JOHN C. FOWKE

D

01/27/2011

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