

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000067360

Entity Name: G THORPE LLC

**FILED**  
**Oct 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2107 PINE TERRACE  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15939  
SARASOTA, FL 3232 US

**New Mailing Address:**

P.O. BOX 15939  
SARASOTA, FL 34277 US

FEI Number: 27-0717504

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBERT T. SMALLWOOD II, P.A.  
2107 PINE TERRACE  
SARASOTA, FL 34231 US

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

CAPICOTTE, MORREY J  
4025 REDBIRD CIRCLE N  
SARASOTA, FL 34231 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: MORREY J. CAPICOTTE, MGRM

10/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: THORPE, GREGORY A  
Address: 3232 DUNCAN WAY  
City-St-Zip: SARASOTA, FL 34239 US

Title: MGRM  
Name: CAPICOTTE, MORREY J  
Address: 4025 REDBIRD CIRCLE N  
City-St-Zip: SARASOTA, FL 34231

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: MORREY J. CAPICOTTE

MGRM

10/01/2012

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