

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000117386

**FILED**  
**Dec 09, 2010**  
**Secretary of State**

**Entity Name:** GATORWEAR LLC

**Current Principal Place of Business:**

102 SW 9TH ST.  
CAPE CORAL, FL 33991 US

**New Principal Place of Business:**

715 NE 19TH PLACE #29  
CAPE CORAL, FL 33991 US

**Current Mailing Address:**

102 SW 9TH ST.  
CAPE CORAL, FL 33991 US

**New Mailing Address:**

715 NE 19TH PLACE #29  
CAPE CORAL, FL 33991 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
A-100  
TAMPA, FL 33612 US

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

KEVIN CALFEE  
715 NE 19TH PLACE #29  
CAPE CORAL, FL 33991 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: KEVIN CALFEE

12/09/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CALFEE, KEVIN  
Address: 715 NE 19TH PLACE #29  
City-St-Zip: CAPE CORAL, FL 33991 US

Title: MGRM  
Name: SCOTT, KENNON  
Address: 715 NE 19TH PLACE #29  
City-St-Zip: CAPE CORAL, FL 33991 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: KEVIN CALFEE

MGRM

12/09/2010

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