

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000118146

**FILED**  
**Oct 25, 2010**  
**Secretary of State**

**Entity Name:** MIKE THOMPSON PRIVATE INVESTIGATION, LLC

**Current Principal Place of Business:**

6505 NW 23RD AVENUE  
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

**Current Mailing Address:**

6505 NW 23RD AVENUE  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

**FEI Number:** 27-1487372      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

THOMPSON, MIKE  
6505 NW 23RD AVENUE  
GAINESVILLE, FL 32606 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:** MICHAEL C. THOMPSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** THOMPSON, MIKE  
**Address:** 6505 NW 23RD AVENUE  
**City-St-Zip:** GAINESVILLE, FL 32606 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:** MICHAEL C. THOMPSON

MGRM

10/25/2010

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