

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000129511

**FILED**  
**Sep 29, 2011**  
**Secretary of State**

**Entity Name:** GULF COAST CAPITAL GROUP SWFL, LLC

**Current Principal Place of Business:**

1185 IMMOKALEE ROAD  
SUITE 110  
NAPLES, FL 34110

**New Principal Place of Business:**

1004 COLLIER CENTER WAY  
SUITE 206  
NAPLES, FL 34110

**Current Mailing Address:**

1185 IMMOKALEE ROAD  
SUITE 110  
NAPLES, FL 34110

**New Mailing Address:**

1004 COLLIER CENTER WAY  
SUITE 206  
NAPLES, FL 34110

**FEI Number:** 90-0657046

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COX & NICI  
1185 IMMOKALEE ROAD SUITE  
SUITE 110  
NAPLES, FL 34110 US

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

SHERMAN, LESLIE  
1004 COLLIER CENTER WAY  
SUITE 206  
NAPLES, FL 34110 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: LESLIE SHERMAN

09/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SHERMAN, LESLIE  
Address: 1004 COLLIER CENTER WAY, SUITE 206  
City-St-Zip: NAPLES, FL 34110

Title: MGRM  
Name: SHERMAN, LESLIE  
Address: 1004 COLLIER CENTER WAY, SUITE 206  
City-St-Zip: NAPLES, FL 34110

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: LESLIE SHERMAN

MGRM

09/29/2011

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