

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000095294

Entity Name: XCIG LLC

**FILED**  
**May 07, 2013**  
**Secretary of State**

## **Current Principal Place of Business:**

836 NE 7TH TER.  
STE 6  
CAPE CORAL, FL 33909

## **New Principal Place of Business:**

836 NE 7TH TER.  
STE 12  
CAPE CORAL, FL 33909

## **Current Mailing Address:**

836 NE 7TH TER.  
STE 6  
CAPE CORAL, FL 33909

## **New Mailing Address:**

836 NE 7TH TER.  
STE 12  
CAPE CORAL, FL 33909

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

WALKER, GREG  
836 NE 7TH TER.  
STE 6  
CAPE CORAL, FL 33909 US

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

WALKER, GREG  
836 NE 7TH TER.  
STE 12  
CAPE CORAL, FL 33909 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: GREG WALKER

05/07/2013

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WALKER, GREG  
Address: 836 NE 7TH TER. STE 12  
City-St-Zip: CAPE CORAL, FL 33909

Title: MGRM  
Name: BURNS, LIAM  
Address: 836 NE 7TH TER. STE 12  
City-St-Zip: CAPE CORAL, FL 33909

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: GREG WALKER

OWNE

05/07/2013

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