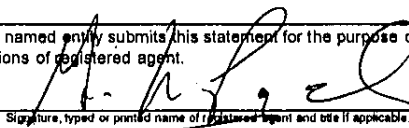
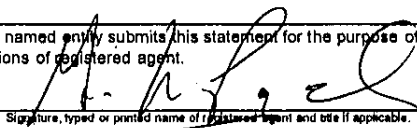


2015 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

15 FEB -4 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11000096839 1. Entity Name GENE PAGEL LLC		
Principal Place of Business 40 CRESTWOOD LN CRAWFORDVILLE, FL 32327 US		Mailing Address 40 CRESTWOOD LN CRAWFORDVILLE, FL 32327 US
2. Principal Place of Business - No P.O. Box # 40 Summerwind Cir. East Suite, Apt. #, etc.		3. Mailing Address 40 Summerwind Cir. East Suite, Apt. #, etc.
City & State Crawfordville FL		City & State Crawfordville FL
Zip 32327		Country United States
4. FEI Number NOT APPLICABLE		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent PAGEL, GENE M 40 CRESTWOOD LN CRAWFORDVILLE, FL 32327		7. Name and Address of New Registered Agent Name: GENE PAGEL Street Address (P.O. Box Number is Not Acceptable): 40 Summerwind Cir. City: Crawfordville FL Zip Code: 32327
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE: 		DATE: 2/4/15
FILE NOW!!! FEE IS \$238.75 After January 1, 2016, Fee will be \$377.50		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE: MGRM <input type="checkbox"/> Delete NAME: PAGEL, GENE M STREET ADDRESS: 40 CRESTWOOD LN CITY-ST-ZIP: CRAWFORDVILLE, FL 32327	TITLE: MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: PAGEL GENE M STREET ADDRESS: 40 Summerwind Cir East CITY-ST-ZIP: Crawfordville FL 32327	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	200269122512 02/04/15--01007--007 **377.50	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 		DATE: 2/4/15
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		E-MAIL ADDRESS

RE 2/4/15