

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000114060

Entity Name: GO MINI'S DEALERS, LLC

**FILED**  
**Oct 10, 2013**  
**Secretary of State**

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

1409 KUEHNER DRIVE  
#11  
SIMI VALLEY, CA 93063 US

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

2655 FIRST STREET  
SUITE 250  
SIMI VALLEY, CA 93065 US

## **Current Mailing Address:**

1409 KUEHNER DRIVE  
#11  
SIMI VALLEY, CA 93063 US

## **New Mailing Address:**

2655 FIRST STREET  
SUITE 250  
SIMI VALLEY, CA 93065 US

FEI Number: 45-4020248

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
#12  
TALLAHASSEE, FL 32301 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: RANDY WIGGINS

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MR.  
Name: LOHMAN, MIKE  
Address: 2655 FIRST STREET SUITE 250  
City-St-Zip: SIMI VALLEY, CA 93063 US

Title: MS.  
Name: PAULK, RICK  
Address: 2655 FIRST STREET SUITE 250  
City-St-Zip: SIMI VALLEY, CA 93065 US

Title: MS.  
Name: NORRIS, SHEILA  
Address: 13611 MCQUEENS COURT  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: MR.  
Name: LEATH, BRAD  
Address: 4790 PENROSE DRIVE  
City-St-Zip: NEWBURGH, IN 47630 US

Title: MR.  
Name: CLANCY, JOHN  
Address: 4 BELDEN HILL ROAD  
City-St-Zip: BROOKFIELD, CT 06804 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 LOHMAN

CEO

10/10/2013

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