

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000116283

**FILED**  
**Oct 08, 2013**  
**Secretary of State**

**Entity Name:** EARNEST GRAHAM & ASSOCIATES, LLC

**Current Principal Place of Business:**

5107 29TH AVENUE SOUTH  
GULFPORT, FL 33737 US

**New Principal Place of Business:**

1716 FOWLER STREET  
FORT MYERS, FL 33901 US

**Current Mailing Address:**

5107 29TH AVENUE SOUTH  
GULFPORT, FL 33707 US

**New Mailing Address:**

1716 FOWLER STREET  
FORT MYERS, FL 33901 US

**FEI Number:** 46-1166137

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOCKOL, DAVID ESQUIRE  
325 5TH STREET SOUTH  
ST. PETERSBURG,, FL 33701 US

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

LEVINE, STUART ESQUIRE  
601 BAYSHORE BLVD  
TAMPA, FL 33606 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: STUART LEVINE

10/08/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GRAHAM, ALICIA D MRS  
Address: 1716 FOWLER STREET  
City-St-Zip: FORT MYERS, FL 33901 US

Title: MGRM  
Name: GRAHAM, EARNEST JR.  
Address: 1716 FOWLER STREET  
City-St-Zip: FORT MYERS, FL 33901 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: EARNEST GRAHAM

PRES

10/08/2013

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