

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M08000004360

**FILED**  
**Dec 11, 2009**  
**Secretary of State**

**Entity Name:** BROOKLEY INTERNATIONAL DISTRIBUTING, LLC

**Current Principal Place of Business:**

2301 PERIMETER RD  
MOBILE, AL 36615

**New Principal Place of Business:**

600 FISHER STREET  
MOBILE, AL 36607

**Current Mailing Address:**

2301 PERIMETER RD  
MOBILE, AL 36615

**New Mailing Address:**

600 FISHER STREET  
MOBILE, AL 36607

**FEI Number:** 20-8633460

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BAILEY, MIKE  
3902 9TH AVENUE N., UNIT #8  
PENSACOLA, FL 32503 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:** MIKE BAILEY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GILES, C.A.  
Address: 2301 PERIMETER RD  
City-St-Zip: MOBILE, AL 36615

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BOYANTON, CARL  
Address: 600 FISHER STREET  
City-St-Zip: MOBILE, AL 36607

Title: MGR ( ) Change (X) Addition  
Name: HYLTON, CECELIA  
Address: 600 FISHER STREET  
City-St-Zip: MOBILE, AL 36607

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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:** CECELIA HYLTON

MGR

12/11/2009

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