| Current Mai                                   | ling Address:                                                                            |                       |                                           |                     |
|-----------------------------------------------|------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------|---------------------|
| 668 GAINES<br>PORT CHAR                       | ST. NW<br>RLOTTE, FL 33952 US                                                            |                       |                                           |                     |
| FEI Number: 47-5524223                        |                                                                                          |                       | Certificate of Status Desired: No         |                     |
| Name and Address of Current Registered Agent: |                                                                                          |                       |                                           |                     |
| BISHOP, BRET<br>668 GAINES ST<br>PORT CHARLC  |                                                                                          |                       |                                           |                     |
|                                               |                                                                                          |                       |                                           |                     |
| The above named                               | l entity submits this statement for the purpose of changing its regis                    | tered office or regis | tered agent, or both, in the State of Flo | rida.               |
|                                               | l entity submits this statement for the purpose of changing its regis<br>BRETT D. BISHOP | tered office or regis | tered agent, or both, in the State of Flo | rida.<br>10/18/2016 |
|                                               |                                                                                          | tered office or regis | tered agent, or both, in the State of Flo |                     |
| SIGNATURE                                     | BRETT D. BISHOP                                                                          | tered office or regis | tered agent, or both, in the State of Flo | 10/18/2016          |
| SIGNATURE                                     | Electronic Signature of Registered Agent                                                 | tered office or regis | tered agent, or both, in the State of Flo | 10/18/2016          |
| SIGNATURE                                     | BRETT D. BISHOP     Electronic Signature of Registered Agent  Person(s) Detail :         |                       |                                           | 10/18/2016          |
| SIGNATURE<br>Authorized I                     | BRETT D. BISHOP     Electronic Signature of Registered Agent  Person(s) Detail : MGR     | Title                 | AMBR                                      | 10/18/2016          |

PORT CHARLOTTE, FL 33952

668 GAINES ST. NW

DOCUMENT# L15000184304

Entity Name: BRETT DAVID BISHOP, LLC

**Current Principal Place of Business:** 

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRETT D. BISHOP

MANAGING MEMBER

10/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

FILED Oct 18, 2016

## **Secretary of State** CR9862130015

Date

## 2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT