2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000031674

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT -6 AM 9:22

1. Entity Name
GA CONSULTING SOLUTIONS, L.L.C.

Principal Place of Business	Mailing Address
416 WORTHINGTON STREEET MARCO ISLAND, FL 34145	416 WORTHINGTON STREEET MARCO ISLAND, FL 34145

09302005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 81-0585964 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEBSTER, RONALD S 985 NORTH COLLIER BLVD. MARCO ISLAND, FL 34145	Name: Susan M. Willingham Street Address (P.O. Box Number is Not Acceptable): 654 Bald Eagle Dr. City: Marco Island FL Zip Code: 34145

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: Susan M. Willingham — Sept 30, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HADAC, CHRISTIAN 416 WORTHINGTON STREEET MARCO ISLAND, FL 34145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200060300092 10/06/05--01044--001 **200.00
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #