


PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90119 003 ****50.00

LIMITED LIABILITY COMPANY
 2006
 AR



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L05000042057**

1. Limited Liability Company's Name

G6D Development LLC

2. Principal Office Address		3. Mailing Office Address	
2937 N. ATLANTIC BLVD - SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Foot Lauderdale FLORIDA			
Zip	Country	Zip	Country
33308	Broward		

4. State/Country of Formation
Browards Co Florida

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
56-2510973

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

20048298

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name: **SAME AS ABOVE**

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State: **FL** Zip Code

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MBR	Bruce Goldman	2937 N. ATLANTIC BLVD	Foot Lauderdale Flor 33308
MBRM	Robert Goldstein	2937 N ATLANTIC BLVD	Foot Lauderdale Flor 33308

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: **Bruce Goldman** Date: **4-15-06** Daytime Phone #: **610 986 5674**

Typed or printed name of signing Managing Member/Manager: **BRUCE GOLDMAN**

Send