

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000111524

FILED
Oct 27, 2009
Secretary of State

Entity Name: GENERIC MAIN STREET, LLC

Current Principal Place of Business:

1670 SE PORT ST. LUCIE BLVD.
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

420 NW 39TH AVE
GAINESVILLE, FL 32609

Current Mailing Address:

1670 SE PORT ST. LUCIE BLVD.
PORT SAINT LUCIE, FL 34952

New Mailing Address:

420 NW 39TH AVE
GAINESVILLE, FL 32609

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HASNER, MARLENE L
2250 S.W. 3RD AVE. STE 101
MIAMI, FL 33131 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: MARK HASNER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: PRES () Change (X) Addition
Name: RUBIERA, NIRIO J PRES
Address: 420 NW 39TH AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: VP () Change (X) Addition
Name: RUBIERA, WALTER A VP
Address: 420 NW 39TH AVE
City-St-Zip: GAINESVILLE, FL 32609

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: NIRIO J RUBIERA

PRES

10/27/2009

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