

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

2023 APR -7 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 APR 21 11:51 AM

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L18000274980

1. Limited Liability Company's Name

GBC Enterprise Solutions LLC

2. Principal Office Address - No P.O. Box #

836 Avenue N SW

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

City & State

Winter Haven FL

Zip

Country

Zip

Country

33880

8. Name and Address of Current Registered Agent

Name

Milena Bardales

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

836 Avenue N SW

Apt. #, Etc.

City

State

Zip Code

Winter Haven

**FL**

33880

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

M. Williams

REGISTERED AGENT MUST SIGN

Date 3-17-2023

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City/State/Zip
Manager	Milena Bardales	836 Avenue N SW	Winter Haven, FL 33880
MBR	Lisa Cabrera	836 Avenue N SW	Winter Haven FL 33880
MBR	Ricardo Cabrera	836 Avenue N SW	Winter Haven FL 33880
MBR	Cristian Cabrera	836 Avenue N SW	Winter Haven FL 33880
			APR - 7 2023

11. E-mail Address:

gbc.fileservices@gmail.com

(To be used for future annual report notifications)

**M. WILLIAMS**

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

M. Williams

Date 03/31/2023

Daytime Phone #

407-729-2783

Typed or printed name of signing authorized representative/member

**REINSTATEMENT**

2023

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

83-2683553

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a certificate of status