

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000157742

**Entity Name:** GATRENTONLAS LLC

**Current Principal Place of Business:**

2746 SE EAGLE DR.  
PORT ST. LUCIE, FL 34984

**Current Mailing Address:**

PO BOX 7997  
PORT ST. LUCIE, FL 34985 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SAMMULI, LYNN  
2746 SE EAGLE DR.  
PORT ST. LUCIE, FL 34984 US

*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:** LYNN SAMMULI

11/22/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SAMMULI, LYNN  
Address 2746 SE EAGLE DR.  
City-State-Zip: PORT ST. LUCIE FL 34984

*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:** LYNN A SAMMULI

MANAGER

11/22/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date