200 !	UNIFORM BUSI	ME33 KEPU	'K I	(UBK)		·				
DOCUMENT # L0000009497 1. Entity Name						FILED				
G & G PROPERTY INVESTMENTS, L.L.C.					01 APR 18 PM 2: 48					
Principal Place of Business Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORIDA						
41 SIMPSON DRIVE OLD BENIPAGE NY 11804 OLD BENIPAGE NY 11804 OLD BENIPAGE NY 11804						Mean				
Principal Place of Business Mailing Address					T 1887/01/F 811 08/11 08/11 80/11 80/11 80/11 80/17 80/17 80/17 80/17 80/17 80/17 80/17 80/17 80/17 80/17 80/1					
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State	BETHPAGE, N.Y.	City & State OLA BET	104	GE, NX	4. FEII	Number 58-257	4010		pplied For ot Applicable	
Zip	Country	Zip	Соиг	VŚΔ	5. Cert	ificate of Status Desired	□ \$5 Fee	.00 Ade Require	ditional ad]
	6. Name and Address of Current R	legistered Agent			7Nam	e and Address of New	Registered Age	nt		<u>-</u> _
SHAPIRO, IRA R 16375 NE 18TH AVENUE, SUITE 225 N. MIAMI BEACH FL 33162				Name Stand Address	(D.O. D)	lumber is Not Acceptab				
				Street Address ((r.o. box r	number is Not Acceptable	 			\downarrow
N. MIAMI DEACH FL 33102				City		FL	Zip Code			
8 The above r	named entity submits this statement for	the purpose of changing its	ragiator	od office or register	rad agent	or hath in the Chate of F				┨
1110 450101	amod driving dabring this statement for	are purpose or crianging its	cyister	od onice or register	eu agent,	or both, in the State of F	onda.			
SIGNATURE _	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	Registere	Agent signature required	d when reinstat	ng)	DATE			
•				W!!! FEE IS \$50.00 able to Department of			10779			1
							5/0101(*50.00 *		023 50.00	
9.	MANAGING MEMBER	RS/MEMBERS	10.			ADDITIONS		,		}
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	1-4 Betypagy, N-4	1 11804	CITY	ST-ZIP						2F083
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murcated of	tify that the information supplied with the this report is true and accurate and that ity company or the receiver or trustee ea	al my sionaiure snaii nave m	e same	legal attect as it m	ado undor	ooth: that I am a manac	l further certify th jing member or i	nat the in manager	formation of the	
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SIGNATU	IRE: SIGNATURE AND TYPED OR PRINTED NAME OF SI	IGNING MANAGING MEMBER, MANA	GER, OR A	UTHORIZED REPRESEN	ITATIVE	4/11/2	DO / Daytime	Phone #		