

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000007756

Entity Name: GLM CONSULTING, LLC

FILED  
Oct 12, 2004  
Secretary of State

**Current Principal Place of Business:**

3119 HASSI PT.  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

3119 HASSI PT.  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 01-0654194      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

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

LEZBERG, MICHAEL D  
3119 HASSI POINT  
LONGWOOD, FL 32779      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: LOZBERG, MICHAEL  
Address: 3119 HASSI PT.  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Delete  
Name: AROSS, LYNNE  
Address: 6946 SUPERIOR ST. CIRCLE  
City-St-Zip: SARASOTA, FL 34243

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL D. LEZBERG

MGRM

10/12/2004

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