

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000001660

Entity Name: GAP, LLC

**FILED**  
**Oct 05, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

751 20TH AVENUE N  
SAINT PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

751 20TH AVENUE N  
SAINT PETERSBURG, FL 33704

**New Mailing Address:**

FEI Number: 57-1145414

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PION, GLORIA A  
751 20TH AVENUE N  
SAINT PETERSBURG, FL 33704 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: GLORIA A. PION

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PION, GLORIA  
Address: 751 40TH AVENUE N  
City-St-Zip: SAINT PETERSBURG, FL 33704

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PION, GLORIA A  
Address: 751 20TH AVENUE N  
City-St-Zip: SAINT PETERSBURG, FL 33704

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: GLORIA A PION

MGRM

10/05/2005

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