

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000033153

Entity Name: GE SOLUTIONS, LLC

FILED  
Nov 10, 2008  
Secretary of State

**Current Principal Place of Business:**

2330 W 80 ST  
# 3  
HIALEAH, FL 33016

**New Principal Place of Business:**

1825 MAIN STREET  
#105  
WESTON, FL 33326

**Current Mailing Address:**

2330 W 80 ST  
# 3  
HIALEAH, FL 33016

**New Mailing Address:**

1825 MAIN STREET  
#105  
WESTON, FL 33326

FEI Number: 42-1604184      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:**

GONZALEZ, JORGE  
16184 MARIPOSA CIR N  
PEMBROKE PINES, FL 33331      US

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

GONZALEZ, JORGE  
1825 MAIN STREET  
#105  
WESTON, FL 33326 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: JORGE GONZALEZ

11/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GONZALEZ, JORGE  
Address: 16184 MARIPOSA CIR N  
City-St-Zip: PEMBROKE PINES, FL 33331

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GONZALEZ, JORGE  
Address: 1825 MAIN STREET, SUITE 105  
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JORGE GONZALEZ

MGRM

11/10/2008

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