

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000052362

FILED
Nov 01, 2005
Secretary of State

Entity Name: GACF, LLC

Current Principal Place of Business:

109 BONITO DRIVE
OCEAN RIDGE, FL 33435 US

New Principal Place of Business:

Current Mailing Address:

336 STERLING ROAD
KENILWORTH, IL 60043 US

New Mailing Address:

FEI Number: 20-0482213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

MEINERS, LOUIS M JR.
200 AVIATION DRIVE
SUITE 2
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

MEINERS, LOUIS M JR.
2640 GOLDEN GATE PARKWAY
SUITE 205
NAPLES, FL 34105 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: LOUIS M. MEINERS, JR.

11/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCDONAGH, BRIAN
Address: 109 BONITO DRIVE
City-St-Zip: OCEAN RIDGE, FL 33435 US

Title: MGRM () Delete
Name: VEIN CLINICS OF AMER, ICA
Address: 1101 PERIMETER DRIVE #615
City-St-Zip: SCHAUMBURG, IL 60173 US

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: BRIAN MCDONAGH

MGRM

11/01/2005

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