

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000043518

Entity Name: GM ENTREPRENEURS, LLC

FILED  
Dec 19, 2006  
Secretary of State

**Current Principal Place of Business:**

9708 PORT COLONY WAY  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

9708 PORT COLONY WAY  
TAMPA, FL 33615

**New Mailing Address:**

FEI Number: 20-1233344      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:**

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

SHAN SHIKARPURI & ASSOC., P.A.  
33920 U.S. HWY. 19 N.  
290  
PALM HARBOR, FL 34684 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: SHAN SHIKARPURI & ASSOC., P.A.

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RAMADAN, GALAL  
Address: 9708 PORT COLONY WAY  
City-St-Zip: TAMPA, FL 33615

Title: MGRM ( ) Delete  
Name: ALVAREZ, LUZ M.M.D.  
Address: 9708 PORT COLONY WAY  
City-St-Zip: TAMPA, FL 33615

**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 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: GALAL RAMADAN

MGRM

12/19/2006

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