

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000088096

**Entity Name:** GILI MANAGEMENT II, LLC

**FILED**  
**Sep 13, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

9920 ALTERNATE A1A  
809  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

2585 NATURES WAY  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

135 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408

**FEI Number:** 20-2000167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LIZZA, JENNIFER  
2585 NATURES WAY  
PALM BEACH GARDENS, FL 33410 US

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

LIZZA, JENNIFER  
8251 NEEDLES DRIVE  
PALM BEACH GARDENS, FL 33418 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: JENNIFER LIZZA

09/13/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LIZZA, JENNIFER  
Address: 8251 NEEDLES DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM  
Name: LIZZA, SCOTT  
Address: 8251 NEEDLED DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby 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: JENNIFER LIZZA

MM

09/13/2010

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