

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000090840

1. Entity Name
G E PROCUREMENT LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 22 AM 10:14

Principal Place of Business
105 B PALM BAY DRIVE
PALM BEACH GARDENS, FL 33418 US

Mailing Address
105 B PALM BAY DRIVE
PALM BEACH GARDENS, FL 33418 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11012005 REIN-LLC CR2E101 (6/04)

4. FEI Number

20 202 6155

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEGALZOOM NEVADA, INC.
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
DEFFINA, GARY
105 B PALM BAY DRIVE
PALM BEACH GARDENS, FL 33418

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

7000061605857
11/22/05-01005-018 **\$50.00

TITLE
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☐ Change ☐ Addition

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11/22/05-01005-018 **\$50.00

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REINSTATEMENT 2005

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #