

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000004180

**FILED**  
**Feb 11, 2007**  
**Secretary of State**

**Entity Name:** GENESIS ENTERPRISES, LLC

**Current Principal Place of Business:**

1322 MIRAMAR STREET  
SUITE 402-A  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

1804 S.W. 5TH ST.  
FORT LAUDERDALE, FL 33312 US

**Current Mailing Address:**

1322 MIRAMAR STREET  
SUITE 402-A  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

1804 S.W. 5TH ST.  
FORT LAUDERDALE, FL 33312 US

**FEI Number:** 20-2153406 **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:**

ROBERTS, SUSAN K  
1322 MIRAMAR STREET  
SUITE 402-A  
CAPE CORAL, FL 33904 US

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

ROBERTS, SUSAN K MGR  
1804 S.W. 5TH ST.  
FORT LAUDERDALE, FL 33312 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: SUSAN ROBERTS

02/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: ROBERTS, SUSAN K MGR  
Address: 1804 S.W. 5TH ST.  
City-St-Zip: FORT LAUDERDALE, FL 33312

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: SUSAN ROBERTS

MGR

02/11/2007

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