

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000024888

FILED
Oct 08, 2007
Secretary of State

Entity Name: GREAT MANAGEMENT SIX, LLC

Current Principal Place of Business:

1001 N.FEDERAL HWY
SUITE 353
HALLANDALE, FL 33009

New Principal Place of Business:

3009 SEVILLE ST
AP # 3
FORT LAUDERDALE, FL 33304

Current Mailing Address:

1001 N.FEDERAL HWY
SUITE 353
HALLANDALE, FL 33009

New Mailing Address:

3009 SEVILLE ST
APT.#3
FORT LAUDERDALE, FL 33304

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

BENNETT, JOSH N
440 N ANDREWS AVE
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

ERNESTO, HIDALGO A
3009 SEVILLE ST
APT.#3
FORT LAUDERDALE, FL 33304 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: ERNESTO A HIDALGO

10/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR () Delete
Name: HIDALGO, ERNESTO A
Address: 1001 N.FEDERAL HWY
City-St-Zip: HALLANDALE, FL 33009 US

ADDITIONS/CHANGES:

Title: MR (X) Change () Addition
Name: HIDALGO, ERNESTO A
Address: 3009 SEVILLE ST APT.#3
City-St-Zip: FORT LAUDERDALE, FL 33304 US

I hereby certify that the information supplied with this filing does not qualify 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: ERNESTO A HIDALGO

CEO

10/08/2007

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