

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000073733

Entity Name: GAMA DELIVERY LLC

**FILED**  
**Oct 28, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

460 NW 87 ST  
MIAMI, FL 33150 US

**New Principal Place of Business:**

**Current Mailing Address:**

460 NW 87 ST  
MIAMI, FL 33150 US

**New Mailing Address:**

333 NE 24TH STREET  
906  
MIAMI, FL 33137 US

FEI Number: 20-3216326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SANTOMERO, GASTON C  
460 NW 87 ST  
MIAMI, FL 33150 US

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

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: GASTON SANTOMERO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SANTOMERO, GASTON C  
Address: 460 NW 87 ST  
City-St-Zip: MIAMI, FL 33150 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GASTON SANTOMERO

MGRN

10/28/2009

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