

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000083057

**FILED**  
**Oct 10, 2009**  
**Secretary of State**

**Entity Name:** G.A.P. INVESTMENTS II OF FLORIDA, L.L.C.

**Current Principal Place of Business:**

596 HAWTHORNE ROAD  
GROSSE POINTE WOODS, MI 48236

**New Principal Place of Business:**

**Current Mailing Address:**

596 HAWTHORNE ROAD  
GROSSE POINTE WOODS, MI 48236

**New Mailing Address:**

**FEI Number:** 56-2535123      **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:**

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

DELANO, G. KRISTIN  
360 CENTRAL AVE., STE 1560  
ST. PETERSBURG, FL 33701      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: G. KRISTIN DELANO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: PFLAUM, ANDREW  
Address: 596 HAWTHORNE ROAD  
City-St-Zip: GROSSE POINTE WOODS, MI 48236

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

Title: MGR      ( ) Delete  
Name: ARPIN, PAUL  
Address: 266 MONTEREY DRIVE  
City-St-Zip: NAPLES, FL 34109

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

Title: MGR      ( ) Delete  
Name: GELLE, JOHN  
Address: 1320 BERKSHIRE  
City-St-Zip: GROSSE POINTE PARK, MI 48230

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: ANDREW W. PFLAUM

MGR

10/10/2009

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