

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000089946

Entity Name: GTR DEVELOPMENT, LLC

**FILED**  
**Sep 21, 2009**  
**Secretary of State**

## **Current Principal Place of Business:**

150 PORTSIDE AV.  
101  
CAPE CANAVERAL, FL 32920

## **New Principal Place of Business:**

4103 ORCHARD DR.  
MELBOURNE, FL 32940

## **Current Mailing Address:**

150 PORTSIDE AV.  
101  
CAPE CANAVERAL, FL 32920

## **New Mailing Address:**

4103 ORCHARD DR.  
MELBOURNE, FL 32940

FEI Number: 20-3766424      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:**

MENACHEM, RAZ  
150 PORTSIDE AV.  
101  
CAPE CANAVERAL, FL 32920 US

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

MENACHEM, RAZ  
4103 ORCHARD DR.  
MELBOURNE, FL 32940 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: RAZ MENACHEM

09/21/2009

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MENACHEM, RAZ  
Address: 150 PORTSIDE AV. #101  
City-St-Zip: CAPE CANAVERAL, FL 32920

## **ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MENACHEM, RAZ  
Address: 4103 ORCHARD DR.  
City-St-Zip: MELBOURNE, FL 32940

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: RAZ MENACHEM

MGRM

09/21/2009

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