

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000023756

FILED
Nov 07, 2008
Secretary of State

Entity Name: GRAND SLAM CONSULTING, LLC

Current Principal Place of Business:

13000 N.W. 42ND AVE.
MIAMI, FL 33054

New Principal Place of Business:

Current Mailing Address:

13000 N.W. 42ND AVE.
MIAMI, FL 33054

New Mailing Address:

FEI Number: 20-4441059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICES OF AARON RESNICK P A
1680 MICHIGAN AVE PH 4
MIAMI BEACH, FL 331392514 US

Name and Address of New Registered Agent:

MENDEZ, ARMANDO
13000 NW 42 AVE
MIAMI, FL 33054 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: ARMANDO MENDEZ

11/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MENDEZ, ARMANDO F
Address: 13000 N.W. 42ND AVE.
City-St-Zip: MIAMI, FL 33054

Title: MGR () Delete
Name: MENDEZ, OVIDIO L
Address: 13000 N.W. 42ND AVE.
City-St-Zip: MIAMI, FL 33054

Title: MGR () Delete
Name: MENDEZ, IGANCIO L
Address: 13000 N.W. 42ND AVE.
City-St-Zip: MIAMI, FL 33054

ADDITIONS/CHANGES:

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

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

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: IGNACIO MENDEZ

MGR

11/07/2008

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