

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000028943

1. Entity Name  
GGR CAPITAL GROUP LLC



Principal Place of Business  
16850 COLLINS AVE.  
STE 112-108  
SUNNY ISLES, FL 33130

Mailing Address  
16850 COLLINS AVE.  
STE 112-108  
SUNNY ISLES, FL 33130

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12172008 REIN-LLC

CR2E101 (1/07)

4. FEI Number  
20-4810167

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIEDMAN, EDWARD  
290 NW 165TH STREET, SUITE M-700  
MIAMI, FL 33169

Name  
EDWARD FRIEDMAN

Street Address (P.O. Box Number is Not Acceptable)

16850 Collins Ave Suite 112-108

City Sunny Isles Beach FL Zip Code 33160

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of Registered Agent or Printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12/17/08

**FILE NOW!!! FEE IS \$138.75**  
**After January 1, 2009, Fee will be \$277.50**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME GUREWITSCH, RICHARD  
STREET ADDRESS 290 NW 165TH STREET, SUITE M-700  
CITY-ST-ZIP MIAMI, FL 33169

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME BERTUZZI, JOSE P  
STREET ADDRESS 290 NW 165TH STREET, SUITE M-700  
CITY-ST-ZIP MIAMI, FL 33169

TITLE ☐ Change ☐ Addition  
NAME 600139269896  
STREET ADDRESS W08--01038--012 \*\*138.75  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/17/08

Date

Daytime Phone #

FILED  
08 DEC 30 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

