

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000053396

1. Entity Name  
G & S ENTERPRISES OF FLORIDA, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 DEC 30 PM 2:30

Principal Place of Business  
197 CHELLO AVENUE  
SEBASTIAN, FL 32958

Mailing Address  
197 CHELLO AVENUE  
SEBASTIAN, FL 32958

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

11052008 REIN-LLC CR2E101 (1/07)

4. FEI Number  
20-4963472

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

LACHOWICZ, GARY  
197 CHELLO AVENUE  
SEBASTIAN, FL 32958

Name

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

City

FL

Zip Code

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

*Gary A. Lachowicz* / GARY A LACHOWICZ DEC 26-2008

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LACHOWICZ, GARY  
197 CHELLO AVENUE  
SEBASTIAN, FL 32958 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CAIRNS, SCOTT  
684 BALBOA STREET  
SEBASTIAN, FL 32958 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
100139355971  
12/30/08--01035--001 \*\*138.75

TITLE  
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REINSTATEMENT 2008

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:

*Gary A. Lachowicz* / GARY A LACHOWICZ DEC 26-2008 727-398-8798

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

Date

Daytime Phone #