

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000086625

1. Entity Name
GO3E, LLC



Principal Place of Business
460 N. ORLANDO AVENUE
SUITE 110
WINTER PARK, FL 32789 US

Mailing Address
13700 YORK ROAD
UNIT A
NORTH ROYALTON, OH 44133 US

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

3. Mailing Address
8820 Columbia 100 Pky.
Suite, Apt. #, etc.
Suite 400
City & State
Columbia, MD
Zip
21045
Country
USA



11212008 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-5906016

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ROSSI, JOSEPH A
460 N. ORLANDO AVENUE
SUITE 110
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent
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 see below (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSSI, JOSEPH A 460 N. ORLANDO AVENUE, SUITE 110 WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member James R. Baldue 8820 Columbia 100 Pky, Ste 400 Columbia, MD 21045 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] 12/10/08 410-824-1960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

08 DEC 16 AM 11:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA