

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000097134

1. Entity Name
GENERAL UNDERGROUND, LLC



Principal Place of Business
21050 SW 172 AVENUE
MIAMI, FL 33187 US

Mailing Address
P.O. BOX 700457
MIAMI, FL 33170 US

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

10222008 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-5668413

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, ERNEST
21050 SW 172 AVENUE
MIAMI, FL 33187

7. Name and Address of New Registered Agent

Name
ARTHUR PALERMO JR., CPA, PA
Street Address (P.O. Box Number is Not Acceptable)
9720 STIRLING ROAD
SUITE 201
City
COOPER CITY FL Zip Code
33024

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 Arthur Palermo Jr ARTHUR PALERMO JR / PRESIDENT 10/22/2008
(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

TITLE MGRM ☐ Delete
NAME BROWN, ERNEST
STREET ADDRESS P.O. BOX 700457
CITY-ST-ZIP MIAMI, FL 33170

TITLE MGR ☐ Delete
NAME FOUNTAIN, FREDDIE
STREET ADDRESS P.O. BOX 700457
CITY-ST-ZIP MIAMI, FL 33170

TITLE MGR ☐ Delete
NAME BROWN, CHRIS
STREET ADDRESS P.O. BOX 700457
CITY-ST-ZIP MIAMI, FL 33170

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900137567559
CITY-ST-ZIP 11/03/08--01043--005 **138.75

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

TITLE ☐ Change ☐ Addition
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/24/08
Date

305(226-2700)
Daytime Phone #

FILED
08 NOV -4 PM 5:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
2008