

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000098625

Entity Name: GCP GROUP, LLC

FILED
Dec 05, 2007
Secretary of State

Current Principal Place of Business:

965 S BAYSHORE BLVD
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

Current Mailing Address:

965 S BAYSHORE BLVD
SAFETY HARBOR, FL 34695 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

POLITIS, PETER
965 S BAYSHORE BLVD
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

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: PETER POLITIS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POLITIS, CHRISTOS
Address: 965 S BAYSHORE BLVD
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGRM () Delete
Name: POLITIS, GREGORY
Address: 965 S BAYSHORE BLVD
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGRM () Delete
Name: POLITIS, PETER
Address: 965 S BAYSHORE BLVD
City-St-Zip: SAFETY HARBOR, FL 34695

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: PETER POLITIS

MAN

12/05/2007

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