

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Oct 01, 2008**  
**Secretary of State**

DOCUMENT# L06000108674

Entity Name: G AND S LLC

**Current Principal Place of Business:**

2536 PRETZEL LANE  
NORTH PORT, FL 34286 US

**New Principal Place of Business:**

4745 KISKA RD  
NORTH PORT, FL 34288 US

**Current Mailing Address:**

2536 PRETZEL LANE  
NORTH PORT, FL 34286 US

**New Mailing Address:**

4745 KISKA RD  
NORTH PORT, FL 34288 US

FEI Number: 87-0804065      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

RAMIREZ, GILBERTO  
2536 PRETZEL LANE  
NORTH PORT, FL 34286 US

**Name and Address of New Registered Agent:**

RAMIREZ, GILBERTO  
4745 KISKA RD  
NORTH PORT, FL 34288 US

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: GILBERTO RAMIREZ

10/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RAMIREZ, GILBERTO  
Address: 2536 PRETZEL LN  
City-St-Zip: NORTH PORT, FL 34286 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: RAMIREZ, GILBERTO  
Address: 4745 KISKA RD  
City-St-Zip: NORTH PORT, FL 34288 US

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: GILBERTO RAMIREZ

MGR

10/01/2008

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