


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000121440	
1. Entity Name GCCF LLC	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV -6 PM 3: 01

Principal Place of Business 27729 KIRKWOOD CIRCLE WESLEY CHAPEL, FL 33543 US	Mailing Address 27729 KIRKWOOD CIRCLE WESLEY CHAPEL, FL 33543 US
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2. Principal Place of Business - No P.O. Box # 26804 Tonic Dr.	3. Mailing Address 27729 Kirkwood Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10152007 REIN-LLC CR2E101 (1/07)

City & State Wesley Chapel FL	City & State Wesley Chapel FL
Zip 33544	Zip 33544
Country Pasc	Country Pasc

4. FEI Number 34-2032802	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CUCCHI, GARY A 27729 KIRKWOOD CIRCLE WESLEY CHAPEL, FL 33543	
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7. Name and Address of New Registered Agent Name EIN Street Address (P.O. Box Number is Not Acceptable) 20-8088486 City FL Zip Code	
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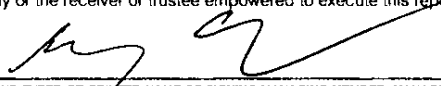
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Gary Cucchi 
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUCCHI, GARY A 27729 KIRKWOOD CIRCLE WESLEY CHAPEL, FL 33543 <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	MGRM FONTANA, CHRIS 27733 KIRKWOOD CIRCLE WESLEY CHAPEL, FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400111584884 11/01/07--01040--001 **50.00
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

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:  **REINSTATEMENT**
Signature and typed or printed name of signing managing member, manager, or authorized representative Date 10/25/07 (813) 600-3268 Daytime Phone #