

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000004576

1. Entity Name  
GPS FINANCIAL LLC.



Principal Place of Business  
4805 INDEPENDENCE PARKWAY SUITE 250B  
TAMPA, FL 33634 US

Mailing Address  
4805 INDEPENDENCE PARKWAY SUITE 250B  
TAMPA, FL 33634 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

10292008 REIN-LLC CR2E101 (1/07)

4. FEI Number ☒ Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, ANGEL  
4805 INDEPENDENCE PARKWAY SUITE 250B  
TAMPA, FL 33634

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12/8/08

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

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME GARCIA, IRIS R  
STREET ADDRESS 4800 N. RIVERSHORE DR.  
CITY-ST-ZIP TAMPA, FL 33603

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400139356284  
12/30/08--01035--013 \*\*138.75

TITLE MGRM ☐ Delete  
NAME SERRANO, ANTHONY  
STREET ADDRESS 4800 N RIVERSHORE DR.  
CITY-ST-ZIP TAMPA, FL 33603

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

TITLE MGRM ☐ Delete  
NAME PENROD, SHANE K  
STREET ADDRESS 915 TERRA MAR DR.  
CITY-ST-ZIP TAMPA, FL 33613

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

12/8/08 813600814

FILED

08 DEC 30 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT