

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000005940

Entity Name: GLC PROSPERITY, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

5400 S UNIVERSITY DR, SUITE 700
DAVIE, FL 33328

New Principal Place of Business:

555 WINDERLEY PLACE
SUITE 400
MAITLAND, FL 32751

Current Mailing Address:

5400 S UNIVERSITY DR, SUITE 700
DAVIE, FL 33328

New Mailing Address:

555 WINDERLEY PLACE
SUITE 400
MAITLAND, FL 32751

FEI Number: 20-8296521 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:

Name and Address of New Registered Agent:

TAYLOR, PAULA
555 WINDERLEY PLACE, SUITE 400
MAITLAND, FL 32751 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: PAULA M. TAYLOR

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: LAVAL, RODNEY
Address: 555 WINDERLEY PLACE, SUITE 400
City-St-Zip: MAITLAND, FL 32751

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: TAYLOR, PAULA
Address: 555 WINDERLEY PLACE, SUITE 400
City-St-Zip: MAITLAND, FL 32751

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: PAULA M. TAYLOR

MGMR

04/29/2009

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