

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000043589

FILED  
Nov 05, 2008  
Secretary of State

**Entity Name:** THE GOBI GROUP MANAGEMENT & SERVICES LLC

**Current Principal Place of Business:**

21 NE 11TH ST  
SUITE 11-A  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

21 NE 11TH ST  
SUITE 11-A  
DELRAY BEACH, FL 33444

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

MERSENTES, ALEXI  
21 NE 11TH ST  
SUITE 11-A  
DELRAY BEACH, FL 33444 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: ALEXI MERSENTES

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: MERSENTES, ALEXI  
Address: 21 NE 11TH ST SUITE 11-A  
City-St-Zip: DELRAY BEACH, FL 33444

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

Title: MGRM ( ) Delete  
Name: MERSENTES, TERRI  
Address: 2275 SOUTH OCEAN BLVD  
City-St-Zip: PALM BEACH, FL 33408

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: ALEXI MERSENTES

MANA

11/05/2008

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