

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000083147

FILED
Dec 16, 2009
Secretary of State

Entity Name: GABRIEL LOPEZ LLC

Current Principal Place of Business:

830-10 A1A. N.
PONTE VEDRA, FL 32082 US

New Principal Place of Business:

4382 RIPKEN CIRCLE EAST
JACKSONVILLE, FL 32224 US

Current Mailing Address:

4382 RIPKEN CIR E.
JACKSONVILLE, FL 32224 US

New Mailing Address:

4382 RIPKEN CIRCLE EAST
JACKSONVILLE, FL 32224 US

FEI Number: 26-0753852 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:

LOPEZ, GABRIEL R
4382 RIPKEN CIR E.
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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: GABRIEL LOPEZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOPEZ, GABRIEL R
Address: 4382 RIPKEN CIR E.
City-St-Zip: JACKSONVILLE, FL 32224 US

ADDITIONS/CHANGES:

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: GABRIEL LOPEZ

CEO

12/16/2009

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