

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000089171

FILED
Oct 08, 2009
Secretary of State

Entity Name: G & S ENTERPRISES OF SW FLORIDA LLC

Current Principal Place of Business:

2475 PARROT ST
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

2475 PARROT ST.
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 26-0815986 **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:

GOODSPEED, GEORGE W III
2475 PARROT ST.
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM INC
813 DELTONA BLVD
STE A
DELTONA, FL 32725 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: DEVIN ENWMAN FOR ALL FLORIDA FIRM INC

10/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOODSPEED, GEORGE W III
Address: 2475 PARROT ST.
City-St-Zip: NORTH PORT, FL 34286

Title: MGRM () Delete
Name: HARRYWARINE, SIMEON
Address: 27055 OMNI LN.
City-St-Zip: PUNTA GORDA, FL 33983

ADDITIONS/CHANGES:

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

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: GEORGE W GOODSPEED

MGRM

10/08/2009

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