

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000097448

Entity Name: GIZMO'S GREENS LLC

FILED
Nov 06, 2008
Secretary of State

Current Principal Place of Business:

1418 NE 57 PLACE
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

2817 W. SHELTON RD
TAMPA, FL 33611

Current Mailing Address:

1418 NE 57 PLACE
FORT LAUDERDALE, FL 33334

New Mailing Address:

2817 W. SHELTON RD
TAMPA, FL 33611

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:

BASURTO, FRANCO
2685 NW 27 TERR
BOCA RATON, FL 33434 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: FRANCO BASURTO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAVENS, THOMAS J
Address: 1418 NE 57 PLACE
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: MGRM () Delete
Name: CIELO-HAVENS, TANYA M
Address: 1418 NE 57 PLACE
City-St-Zip: FORT LAUDERDALE, FL 33334

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAVENS, THOMAS J
Address: 2817 W. SHELTON RD
City-St-Zip: TAMPA, FL 33611

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: THOMAS J HAVENS

MGRM

11/06/2008

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