

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000113343

Entity Name: GILMAR GONZALEZ ,LLC

FILED
Dec 02, 2009
Secretary of State

Current Principal Place of Business:

2825 ALBATROSS ROAD, APT 2
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

3133 ALBATROSS ROAD, APT A
DELRAY BEACH, FL 33444 US

Current Mailing Address:

2825 ALBATROSS ROAD
DELRAY BEACH, FL FL 33444 US

New Mailing Address:

3133 ALBATROSS ROAD, APT A
DELRAY BEACH, FL 33444 US

FEI Number: 38-3772941 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:

GONZALEZ, GILMAR
2825 ALBATROSS ROAD
DELRAY BEACH, FL FL 33444 US

Name and Address of New Registered Agent:

GONZALEZ, GILMAR
3133 ALBATROSS ROAD
DELRAY BEACH, FL 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: GILMAR GONZALEZ

12/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GONZALEZ, GILMAR
Address: 2825 ALBATROSS ROAD, APT 2
City-St-Zip: DELRAY BEACH, FL 33444 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GONZALEZ, GILMAR
Address: 3133 ALBATROSS ROAD, APT A
City-St-Zip: DELRAY BEACH, FL 33444 US

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: GILMAR GONZALEZ

MGRM

12/02/2009

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