

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000009874

Entity Name: GADE ENTERPRISES, LLC

FILED
Nov 04, 2009
Secretary of State

Current Principal Place of Business:

10743 YELLOW TIGER LILY DRIVE
ORLANDO, FL 32832 US

New Principal Place of Business:

472 BANYON TREE CIR.
100
MAITLAND, FL 32751 US

Current Mailing Address:

10743 YELLOW TIGER LILY DRIVE
ORLANDO, FL 32832 US

New Mailing Address:

472 BANYON TREE CIR.
100
MAITLAND, FL 32751 US

FEI Number: 26-1863907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSUNTO, GABRIEL
10743 YELLOW TIGER LILY DRIVE
ORLANDO, FL 32832 US

Name and Address of New Registered Agent:

ASSUNTO, GABRIEL
472 BANYON TREE CIR.
MAITLAND, FL 32751 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: GABRIEL ASSUNTO

11/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ASSUNTO, GABRIEL
Address: 10743 YELLOW TIGER LILY DRIVE
City-St-Zip: ORLANDO, FL 32832 US

Title: MGR (X) Delete
Name: ORAA, ARLIANA
Address: 10743 YELLOW TIGER LILY DRIVE
City-St-Zip: ORLANDO, FL 32832 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ASSUNTO, GABRIEL
Address: 472 BANYON TREE CR.
City-St-Zip: MAITLAND, FL 328751 US

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 ASSUNTO

MGRM

11/04/2009

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