

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000089740

FILED
Nov 06, 2009
Secretary of State

Entity Name: GENESIS SERVICES AND CONSULTING LLC

Current Principal Place of Business:

1835 E HALLANDALE BEACH BLVD.
SUTIE # 397
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

1835 E HALLANDALE BEACH BLVD.
SUTIE # 397
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

Name and Address of New Registered Agent:

M & L ENTERPRISES ACCOUNTING AND MORE INC
16969 NW 67 AVENUE
SUITE # 201
HIALEAH, FL 33015 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: M & L ENTERPRISES ACCOUNTING AND MORE INC

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: TORRES, ERICA MGR
Address: 1835 E HALLANDALE BEACH BLVD. STE # 397
City-St-Zip: HALLANDALE, FL 33009

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

Title: MGRM () Delete
Name: TORRES, SILVIA MGRM
Address: 1835 E HALLANDALE BEACH BLVD. STE # 397
City-St-Zip: HALLANDALE, FL 33009

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: ERICA TORRES

MGR

11/06/2009

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