

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000122575

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** G&L CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

1441 SW DELOS AVE  
PORT SAINT LUCIE, FL, 34953

**New Principal Place of Business:**

1441 SW DELOS AVE  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

1441 SW DELOS AVE  
PORT SAINT LUCIE, FL, 34953

**New Mailing Address:**

1441 SW DELOS AVE  
PORT SAINT LUCIE, FL 34953

**FEI Number:** 27-1554104

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HANLON, JOSEPH CPA  
850 NW FEDERAL HIGHWAY  
SUITE 112  
STUART, FL 34994 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:** JOSEPH HANLON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MYERS, GREGORY R  
**Address:** 1441 SW DELOS AVE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34953

**Title:** MGRM  
**Name:** MYERS, LAURA J  
**Address:** 1441 SW DELOS AVE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34953

I hereby 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:** GREG MYERS

MGRM

04/12/2011

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