

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2016 APR 12 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L11000047514**

1. Limited Liability Company's Name

GEG Rock LLC

2. Principal Office Address - No P.O. Box #

**455 ACACIA TREEWAY
KISSIMMEE FL. 34758**
Suite, Apt. #, etc.

3. Mailing Office Address

**455 ACACIA TREEWAY
KISSIMMEE FL. 34758**
Suite, Apt. #, etc.

CR2E041 (1/14)

4. State/Country of Formation

FL. USA

5. Date Organized or Qualified
To Do Business in Florida

City & State

Kissimmee Florida

City & State

Kissimmee Florida

Zip

Country

34758

US

Zip

Country

34758

US

6. EFL Number

45-1960985

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

8. Name and Address of Current Registered Agent

Name

DONOVAN GOULDBOURNE

Street Address (P.O. Box Number is Not Acceptable) Suite,

455 ACACIA TREEWAY

Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34758

000284491550

04/12/16--01038--023 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **4/4/16**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
owner	DONOVAN GOULDBOURNE	455 ACACIA TREEWAY	Kissimmee FL. 34758
	REINSTATEMENT		
	2016		

11. E-mail Address

DONGould45@AOL.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

[Signature]

Date

4/4/16

Daytime Phone #

4079687501

Typed or printed name of signing authorized representative/member