

02/23/2015 MON 11:10 FAX

0001/002

Division of Corporations

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**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.
Account Number : I20040000167
Phone : (305) 377-0809
Fax Number : (305) 377-0781

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: lirizaxxy@bbyalaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GB ENERGY MANAGEMENT,LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED
 15 FEB 23 AM 10:00
 DIVISION OF CORPORATIONS
 BUREAU OF COMMERCIAL
 INFORMATION SERVICES

15 FEB 23 AM 11:15
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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02/23/2015 MON 11:19 FAX

002/002

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 23 AM 11:15

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: GB Energy Management, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L12000076216

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2014.

4. I, Ricardo Bajandas, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 23 PM 2:31

DOCUMENT #

1. Corporation Name

Florida Irrigation Maintenance, Inc.
P92000012743

REINSTATEMENT

2014

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

934 11th Place

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 32999

Suite, Apt. #, etc.

City & State

Vero Beach, Florida

City & State

Palm Beach Gardens, FL

Zip

32960

Country

U.S.A.

Zip

33420

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

1-1-1993

5. FEI Number

59-3156833

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Andrew Palmer

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

101 Abundance Drive

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

100269885001

01/12/15--01004--004 **35.00

100269885001

02/23/15--01051--026 **600.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Andrew Palmer

Date 2-6-15

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T	Andrew Palmer	101 Abundance Drive	Palm Bch Gardens, FL 33410
V/S	chad Kelly	1848 Wilbur Avenue	Vero Beach, FL 32963

10. E-mail Address:

acpinpb@bellsouth.net

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, 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:

Andrew Palmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-15

Date

772-473-8500

Daytime Phone #