

**2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 09, 2006  
Secretary of State**

DOCUMENT# L04000007772

Entity Name: CUBILLOS ENTERPRISES, LLC

**Current Principal Place of Business:**

8377 SW 56TH TERRACE  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

8377 SW 56TH TERRACE  
OCALA, FL 34476

**New Mailing Address:**

FEI Number: 83-0349612      FEI Number Applied For ( )      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:**

CUBILLOS, ALFONSO  
8377 SW 56TH TERRACE  
OCALA, FL 34476    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: MARIA V. RENGIFO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CUBILLOS, ALFONSO  
Address: 8377 SW 56TH TERRACE  
City-St-Zip: Ocala, FL 34476 US

Title: MGR      ( ) Delete  
Name: RENGIFO, MARIA V  
Address: 8377 SW 56TH TERRACE  
City-St-Zip: Ocala, FL 34476 US

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA V. RENGIFO

MGR

10/09/2006

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