



# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L05000061157</b> 1. Entity Name <b>ALIGATO, LLC</b>					
Principal Place of Business <b>3746 EAST COQUINA WAY WESTON, FL 33302</b>			Mailing Address <b>3746 EAST COQUINA WAY WESTON, FL 33302</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01222009 REIN-LLC CR2E101 (1/07)	
Zip		Country		4. FEI Number <b>APPLIED FOR</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>DE MARTINEZ, MARIADEL PILAR 3746 EAST COQUINA WAY WESTON, FL 33302</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to: <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE MARTINEZ, MARIADEL PILAR 3746 EAST COQUINA WAY WESTON, FL 33302	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE MARTINEZ, MARIADEL PILAR 3746 EAST COQUINA WAY WESTON, FL 33302	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE MARTINEZ, MARIADEL PILAR 3746 EAST COQUINA WAY WESTON, FL 33302	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE MARTINEZ, MARIADEL PILAR 3746 EAST COQUINA WAY WESTON, FL 33302	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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			400143029354 02/06/09--01042--013 **277.50		
SIGNATURE: <i>[Signature]</i>			Date: <i>2/2/09</i>		