#### 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

# 2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

# DOCUMENT# L14000180703

Entity Name: M & R ENTERPRISE (MAGIC RENOVATIONS), LIMITED LIABILITY COMPANY

#### Current Principal Place of Business:

1215 PERSON STREET KISSIMMEE, FL 34741

## **Current Mailing Address:**

1215 PERSON STREET KISSIMMEE, FL 34741 US

### FEI Number: 47-1986136

### Name and Address of Current Registered Agent:

CARRASQUILLO, MIGUEL 1215 PERSON STREET KISSIMMEE, FL 34741 US

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: MIGUEL CARRASQUILLO

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

Title MANAGER Name CARRASQUILLO, MIGUEL Address 1215 PERSON STREET City-State-Zip: KISSIMMEE FL 34741

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under

SIGNATURE: MIGUEL CARRASQUILLO

MANAGER

12/05/2018

Date

### FILED Dec 05, 2018 Secretary of State CR4746642518

Certificate of Status Desired: No

Date

12/05/2018