

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000007446

**FILED**  
**Oct 21, 2004**  
**Secretary of State**

**Entity Name:** FIESTAS, LLC

**Current Principal Place of Business:**

1571 COUNTY RD 220 STE 100  
ORANGE PARK, FL 32003

**New Principal Place of Business:**

**Current Mailing Address:**

2100 PARK FOREST CT.  
ORANGE PARK, FL 32003

**New Mailing Address:**

**FEI Number:** 02-0563495

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

QUINONEZ, SUZANNE C  
2747 BLANDING BLVD., STE. 102  
MIDDLEBURG, FL 32068 US

**Name and Address of New Registered Agent:**

ALVAREZ, MARISOL  
1550 ROSEBERRY COURT  
ORANGE PARK, FL 32003 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: MARISOL ALVAREZ

10/21/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: TORRES, KATHRYN  
Address: 2100 PARK FOREST CT  
City-St-Zip: ORANGE PARK, FL 32003

Title: MGR ( ) Delete  
Name: TORRES, LUIS  
Address: 2100 PARK FOREST CT  
City-St-Zip: ORANGE PARK, FL 32003

**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 Section 119.07(3)(i), 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: KATHRYN TORRES

MGR

10/21/2004

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