

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000016756

Entity Name: SOFIA'S INVESTMENTS, L.L.C.

FILED  
Oct 13, 2009  
Secretary of State

## Current Principal Place of Business:

4020 EAST 10 COURT  
HIALEAH, FL 33013

## New Principal Place of Business:

## Current Mailing Address:

4020 EAST 10 COURT  
HIALEAH, FL 33013

## New Mailing Address:

360 BAMBOO DRIVE  
NORTH FORT MYERS, FL 33917

FEI Number: 56-2386367

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRUJILLO, VIVIAN  
4020 EAST 10 COURT  
HIALEAH, FL 33013 US

## Name and Address of New Registered Agent:

TRUJILLO, VIVIAN  
360 BAMBOO DRIVE  
NORTH FORT MYERS, FL 33917 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: VIVIAN TRUJILLO

10/13/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: TRUJILLO, VIVIAN  
Address: 4020 EAST 10 COURT  
City-St-Zip: HIALEAH, FL 33013

Title: MGR ( ) Delete  
Name: TRUJILLO, RAUL  
Address: 4020 EAST 10 COURT  
City-St-Zip: HIALEAH, FL 33013

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: TRUJILLO, VIVIAN  
Address: 360 BAMBOO DRIVE  
City-St-Zip: NORTH FORT MYERS, FL 33917

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

I hereby certify that the information supplied with this filing does not qualify 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: VIVIAN TRUJILLO

MGR

10/13/2009

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