2006 LIMITED LIABILITY COMPANY REINSTATEMENT

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1. Entity Name	MENT # L03000022	271			OFFEB-8	AH 9: 19	\$	
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Principal Place		Mailing Address						
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2. Principal P	lace of Business	3. Mailing Address					a a a a a a a a a a a a a a a a a a a	
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32	836 USA	32836	USA.	J. Cortinoatt	O O O O O O O O O O O O O O O O O O O	Fee Required	d {	
	6. Name and Address of Current I	Registered Agent		7. Name and	Address of New Re	gistered Agent		
					C +11			
GILL, MEENU 120 PATTERSON ROAD HAINES CITY, FL 33844 Name M Street Addres 9215				Meenu	eenu Gill			
	ERSON ROAD / I		Street A	Stregt Address (P.O. Box Number is Not Acceptable)				
	ITY, FL 33844	ranged TO >	96	9215 Southern Breeze Drive				
TIAINES C	111,112 33044 =	•						
			<u> </u>					
			City	rlando		FL Zip Code		
			$\underline{}$	· WITEO			9836	
	named entity submits this statement for	r the purpose of changing its re	gistered office or	registered agent, or bo	oth, in the State of Flor	ida. I am familiar with, :	and accept	
the obligati	ions of registered agent.					1 .	l	
	Manual				- 1	31/06	ì	
SIGNATURE.	Signature, typed or primed name of redistared agent a	and title if applicable. (NOTE:	Registered Agent sign	dure required when reinstating		DATE	I	
	Options, () pro-of-printed in the contract of	(,			,			
FILE NOWILL FEE IS \$100.00 In accordance with s. 66 fiability company did no						check payable to		
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# # @	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	liability company did r	not receive the p	orior notice.	Florida	Department of State	•	
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9.	MANAGING MEMBE	RS/MANAGERS	10. VY1 E	ENU GILL	ADDITIONS/0	CHANGES		
9. TITLE	MANAGING MEMBE		10. VY 1 E	ENU GILL	ADDITIONS/O	CHANGES Trange	☐ Addition	
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