

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000026699

FILED
Mar 05, 2008
Secretary of State

Entity Name: MONTALVO ELECTRIC, LLC

Current Principal Place of Business:

912 BAY STREET
1ST
KISSIMMEE, FL 34744 US

Current Mailing Address:

912 BAY STREET
1ST
KISSIMMEE, FL 34744 US

New Principal Place of Business:

914 BAY STREET
REAR
KISSIMMEE, FL 34744 US

New Mailing Address:

914 BAY STREET
REAR
KISSIMMEE, FL 34744 US

FEI Number: 13-4258549 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MONTALVO, NESTOR E
2369 QUEENSWOOD CIRCLE
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

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: NESTOR E. MONTLVO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MONTALVO, NESTOR E
Address: 2369 QUEENSWOOD CIR
City-St-Zip: KISSIMMEE, FL 34743 US

Title: MGRM () Delete
Name: MONTALVO, MARGARITA
Address: 2369 QUEENSWOOD CIR
City-St-Zip: KISSIMMEE, FL 34741 US

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 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: NESTOR E. MONTALVO

OWNE

03/05/2008

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