


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2005 AUG -5 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000041477 1. Entity Name PURO, LLC					
Principal Place of Business 4971 TANGERINE AVENUE WINTER PARK, FL 32792			Mailing Address 4971 TANGERINE AVENUE WINTER PARK, FL 32792		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent FALCON, MARIA E 4971 TANGERINE AVENUE WINTER PARK, FL 32792			7. Name and Address of New Registered Agent Name David Nieves Street Address (P.O. Box Number is Not Acceptable) 4971 Tangerine Avenue City Winter Park FL Zip Code 32792		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE X David Nieves DATE 7/27/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: X David Nieves DATE: 7/27/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



07272005 REIN-LLC CR2E101 (6/04)

4. FEI Number
54-2128487
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

See Attachment