

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000045060

Entity Name: TEOFIL0 CARD0ZO LLC

FILED
Feb 09, 2005
Secretary of State

Current Principal Place of Business:

4303 HILLARY CIRCLE
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

4303 HILLARY CIRCLE
WEST PALM BEACH, FL 33406 US

New Mailing Address:

FEI Number: 20-0431513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARDOZO, TEOFIL0
4303 HILLARY CIRCLE
WEST PALM BEACH, FL 33406 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: TEOFIL0 CARDOSO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CARDOZO, TEOFIL0
Address: 4303 HILLARY CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: MGR () Delete
Name: CARDOZO, GUSTAVO D
Address: 4303 HILLARY CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: MGR () Delete
Name: CARDOZO, CRISTIAN I
Address: 4303 HILLARY CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES:

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

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: TEOFIL0 CARDOSO

MGR

02/09/2005

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