

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000010899

Entity Name: GAONA FLOORING, LLC

**FILED**  
**Oct 11, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

8426 N JOHNS AVE  
TAMPA, FL 33604 US

**New Principal Place of Business:**

8514 N SEMINOLE AVE  
TAMPA, FL 33604 US

**Current Mailing Address:**

8426 N JOHNS AVE  
TAMPA, FL 33604 US

**New Mailing Address:**

8514 N SEMINOLE AVE  
TAMPA, FL 33604 US

FEI Number: 20-0707217      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:**

GAONA LOPEZ, MARIA N  
8426 N JOHNS AVE  
TAMPA, FL 33604 US

**Name and Address of New Registered Agent:**

GAONA LOPEZ, MARIA N  
8514 N SEMINOLE AVE  
TAMPA, FL 33604 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: MARIA GAONA LOPEZ

10/11/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GAONA LOPEZ, MARIA N  
Address: 8426 N JOHNS AVE  
City-St-Zip: TAMPA, FL 33604 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GAONA LOPEZ, MARIA N  
Address: 8514 N SEMINOLE AVE  
City-St-Zip: TAMPA, FL 33604 US

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: MARIA GAONA LOPEZ

MGRM

10/11/2005

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