

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000019786

Entity Name: JIMENEZ STUCCO LLC

FILED
Jan 10, 2006
Secretary of State

Current Principal Place of Business:

545 EAST RAINERO STREET
LAKE ALFRED, FL 33850

New Principal Place of Business:

Current Mailing Address:

545 EAST RAINERO STREET
LAKE ALFRED, FL 33850

New Mailing Address:

FEI Number: 20-1052883 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:

JIMENEZ, JOSE
545 EAST RAINERO STREET
LAKE ALFRED, FL 33850 US

Name and Address of New Registered Agent:

LOPEZ, OZ
2161 CR540A
#122
LAKELAND, FL 33813 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: OZ LOPEZ

01/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JIMENEZ, JOSE
Address: 545 EAST RAINERO STREET
City-St-Zip: LAKE ALFRED, FL 33850

Title: MGRM () Delete
Name: JIMENEZ, MARIA
Address: 545 EAST RAINERO STREET
City-St-Zip: LAKE ALFRED, FL 33850

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 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: JOSE JIMENEZ

MGR

01/10/2006

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