

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000032089

FILED
Dec 07, 2005
Secretary of State

Entity Name: CHRIS VARELA LLC

Current Principal Place of Business:

640 KENWICK CR
CASSELBERRY, FL 32707 US

New Principal Place of Business:

558 GREEN SPRING CIRCLE
WINTER SPRINGS, FL 32708 US

Current Mailing Address:

640 KENWICK CR
CASSELBERRY, FL 32707 US

New Mailing Address:

558 GREEN SPRING CIRCLE
WINTER SPRINGS, FL 32708 US

FEI Number: 20-1051484 **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:

VARELA, CHRISTOPHER
640 KENWICK CR
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

VARELA, CHRISTOPHER E
558 GREEN SPRING CIRCLE
WINTER SPRINGS, FL 32708 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: CHRIS VARELA

12/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VARELA, CHRISTOPHER
Address: 640 KENWICK CR
City-St-Zip: CASSELBERRY, FL 32707 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VARELA, CHRISTOPHER E
Address: 558 GREEN SPRING CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708 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: CHRIS VARELA

MGRM

12/07/2005

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