

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L04000046215**

1. Entity Name  
**LAS AMERICAS BAKERY OF ORLANDO, LLC**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 NOV 18 AM 10:53

Principal Place of Business  
**7101 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32809**

Mailing Address  
**7101 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32809**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country



10052005 REIN-LLC CR2E101 (6/04)

4. FEI Number  
**57-1208549**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PEREZ, SONIA  
569 WECHSLER CIR.  
ORLANDO, FL 32824**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 *Sonia Perez* **SONIA PEREZ** 10/8/05  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00  
After January 1, 2006, Fee will be \$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	<b>M.M. SONIA PEREZ 6102 BETH RD. ORLANDO FL 32824</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400061554734 11/18/05--01059--016 **50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBER ALEX BARBOSA 14 EAST GATE RD. OLD WESTBURY, NY 11568</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M 102 ANJOL 9 ST. ANDREWS CT OLD WESTBURY N. 11568</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M JORGE MADRUGA 18 EAST GATE RD PORT WASHINGTON, NY 11050</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT 2005</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Sonia Perez* **SONIA PEREZ** 10/8/05  
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #