
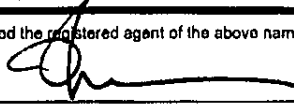
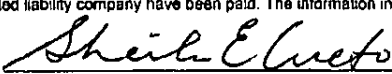


1.2 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L04000048511</b> 1. Limited Liability Company's Name <h1 style="margin: 10px 0;">LOCO HOLDING LLC</h1>			
2. Principal Office Address - No P.O. Box # <b>3167 SW Bessey Creek Trail</b> Suite, Apt. #, etc. City & State <b>Palm City, FL</b> Zip Country <b>34990 USA</b>		3. Mailing Office Address <b>3167 SW Bessey Creek Trail</b> Suite, Apt. #, etc. City & State <b>Palm City, FL</b> Zip Country <b>34990 USA</b>	
8. Name and Address of Current Registered Agent Name <b>William R. H. Broome</b> Street Address (P.O. Box Number is Not Acceptable) <b>2465 Mercer Avenue</b> Suite, Apt. #, Etc. <b>207</b> City State Zip Code <b>West Palm Beach FL 33401</b>		4. State/Country of Formation <b>Florida</b> 5. Date Organized or Qualified To Do Business in Florida <b>June 29, 2004</b> 6. FEI Number <b>201307432</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee requested for a Certificate of Status	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent  Date <b>July 14, 2010</b> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Sheila E. Cueto	3167 SE Bessey Creek Trail	Palm City, FL 34990
			07/15/10--01036--003 **\$55.00 <b>700183362337</b> 07/15/10--01036--003 **\$55.00 <div style="text-align: right;">JB</div>
			<b>REINSTATEMENT 2007-10</b>
11. E-mail Address: _____ (To be used for future annual report notifications)			
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
Signature of Managing Member/Manager 		Date <b>7/15/10</b> Daytime Phone # <b>772-223-4147</b>	
Typed or printed name of signing Managing Member/Manager <b>Sheila E. Cueto</b>			



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED  
10 JUL 29 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 19, 2010

LOCO HOLDING LLC  
3167 SW BESSEY CREEK TRAIL  
PALM CITY, FL 34990

SUBJECT: LOCO HOLDING LLC  
Ref. Number: L04000048511

We have received your document for LOCO HOLDING LLC and your check(s) totaling \$655.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 710A00017419