

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000050519

**Entity Name:** FATIMA'S ESTATE, L.L.C.

**FILED**  
**Jan 27, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

19616 LIVINGSTON AVE.  
LUTZ, FL 33559

**New Principal Place of Business:**

**Current Mailing Address:**

19616 LIVINGSTON AVE.  
LUTZ, FL 33559

**New Mailing Address:**

**FEI Number:** 20-1332753

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BERMUDEZ, KARLA  
19616 LIVINGSTON AVE.  
LUTZ, FL 33559 US

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

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:** KARLA BERMUDEZ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BERMUDEZ, KARLA  
**Address:** 7822 BAY PINES DR  
**City-St-Zip:** WESLEY CHAPEL, FL 33511

**Title:** MGRM  
**Name:** BERMUDEZ, SIMON  
**Address:** 7822 BAY PINES DR  
**City-St-Zip:** WESLEY CHAPEL, FL 33511

I hereby 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:** KARLA BERMUDEZ

OWNE

01/27/2013

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