

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000056277

FILED
Oct 21, 2005
Secretary of State

Entity Name: MICHAEL E. RODRIGUEZ, P.L.

Current Principal Place of Business:

29 NORTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

2202 N. WEST SHORE BLVD.
SUITE 200
TAMPA, FL 33607

Current Mailing Address:

29 NORTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689

New Mailing Address:

2202 N. WEST SHORE BLVD.
SUITE 200
TAMPA, FL 33607

FEI Number: 20-1534165 **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:

RODRIGUEZ, MIAHCEL E
29 NORTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

RODRIGUEZ, MICHAEL E
2202 N. WEST SHORE BLVD.
SUITE 200
TAMPA, FL 33607 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: MICHAEL E. RODRIGUEZ

10/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES () Change (X) Addition
Name: RODRIGUEZ, MICHAEL E ESQUIRE
Address: 2202 N. WEST SHORE BLVD. SUITE 200
City-St-Zip: TAMPA, FL 33607

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: MICHAEL E. RODRIGUEZ, PRES

PRES

10/21/2005

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