

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000065441

Entity Name: LEMUS & RUBIO LLC

FILED
Oct 12, 2005
Secretary of State

Current Principal Place of Business:

3509 NORTH FLORIDA AVE.
LAKELAND, FL 33805

New Principal Place of Business:

1500 WEST HIGHLANDS ST
94
LAKELAND, FL 33815

Current Mailing Address:

3509 NORTH FLORIDA AVE.
LAKELAND, FL 33805

New Mailing Address:

1500 WEST HIGHLANDS ST
94
LAKELAND, FL 338815

FEI Number: 84-1657364 **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:

RUBIO, ESTER L
3509 NORTH FLORIDA AVE.
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

RUBIO, ESTER L
1500 WEST HIGHLANDS ST
94
LAKELAND, FL 33815 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: ESTER L RUBIO

10/12/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RUBIO, ESTER LILLIAN
Address: 3509 NORTH FLORIDA AVE.
City-St-Zip: LAKELAND, FL 33805

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RUBIO, ESTER LILLIAN
Address: 1500 WEST HIGHLANDS ST 94
City-St-Zip: LAKELAND, FL 33815

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: ESTER LILLIAM RUBIO

MGR

10/12/2005

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