

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000070423

FILED
Jan 03, 2006
Secretary of State

Entity Name: PRIETO, PRIETO, & GOAN, L.L.C.

Current Principal Place of Business:

COLONIAL BANK BUILDING
4144 N. ARMENIA AVE., #350
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

COLONIAL BANK BUILDING
4144 N. ARMENIA AVE., #350
TAMPA, FL 33607

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRIETO, ANTHONY P
COLONIAL BANK BUILDING
4144 N. ARMENIA AVE., #350
TAMPA, FL 33607 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: ANTHONY P. PRIETO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PRIETO, ANTHONY P
Address: 4144 N. ARMENIA AVE., #350
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete
Name: PRIETO, ANTHONY T
Address: 4144 N. ARMENIA AVE., #350
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete
Name: GOAN, KEITH M
Address: 4144 N. ARMENIA AVE., #350
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ANTHONY P. PRIETO

MGRM

01/03/2006

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