

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000072515

FILED
Oct 29, 2008
Secretary of State

Entity Name: HECTOR DE LA GUARDIA, LLC

Current Principal Place of Business:

4211 18TH STREET SW
LEHIGH ACRES, FL 33976 US

New Principal Place of Business:

899 WEST 79TH PLACE
HIALEAH, FL 33014 US

Current Mailing Address:

4211 18TH STREET SW
LEHIGH ACRES, FL 33976 US

New Mailing Address:

899 WEST 79TH PLACE
HIALEAH, FL 33014 US

FEI Number: 20-1719642 **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:

DE LA GUARDIA, HECTOR
4211 18TH STREET SW
LEHIGH ACRES, FL 33976 US

Name and Address of New Registered Agent:

DE LA GUARDIA, HECTOR
899 WEST 79TH PLACE
HIALEAH, FL 33014 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: HECTOR DE LA GUARDIA

10/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DE LA GUARDIA, HECTOR
Address: 4211 18TH STREET SW
City-St-Zip: LEHIGH ACRES, FL 33976 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DE LA GUARDIA, HECTOR
Address: 899 WEST 79TH PLACE
City-St-Zip: HIALEAH, FL 33014 US

I hereby certify that the information supplied with this filing does not qualify 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: HECTOR DE LA GUARDIA

MGRM

10/29/2008

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