

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000072770

FILED
Dec 10, 2007
Secretary of State

Entity Name: JULIO CESAR PASSOS DA SILVA SR., LLC

Current Principal Place of Business:

4717 WATKINS AVE
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

4717 WATKINS AVE
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 34-2017208 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:

Name and Address of New Registered Agent:

DA SILVA, JULIO CESAR P SR
4717 WATKINS AVE
SARASOTA, FL 34233 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: JULIO CESAR PASSOS DASILVA, SR.

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DA SILVA, JULIO CESAR P SR
Address: 4717 WATKINS AVE
City-St-Zip: SARASOTA, FL 34233

Title: MGRM () Delete
Name: DA SILVA, JULIO CESAR P JR
Address: 4717 WATKINS AVE
City-St-Zip: SARASOTA, FL 34233

Title: MGRM () Delete
Name: SILVA, CARLOS
Address: 4717 WATKINS AVE
City-St-Zip: SARASOTA, FL 34233

Title: MGRM () Delete
Name: HURTADO, LEON
Address: 2761 FEIFFER CIR
City-St-Zip: SARASOTA, FL 34235

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:

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

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: JULIO CESAR PASSOS DASILVA, SR.

MGRM

12/10/2007

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