

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000072974

**FILED**  
**Apr 24, 2006**  
**Secretary of State**

**Entity Name:** LA PLACITA DE LOS PINOS OF KEY WEST, LLC

**Current Principal Place of Business:**

PO BOX 5402  
KEY WEST, FL 33045 US

**New Principal Place of Business:**

PO BOX 549  
LABELLE, FL 33975 US

**Current Mailing Address:**

PO BOX 5402  
KEY WEST, FL 33045 US

**New Mailing Address:**

PO BOX 549  
LABELLE, FL 33975 US

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRIBRAMSKY, STEVEN R  
2455 E. SUNRISE BLVD  
500  
FORT LAUDERDALE, FL 33304 US

**Name and Address of New Registered Agent:**

SEVILLA, CHARLOTTE R  
15829 NW 82 CT  
MIAMI, FL 33016 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: CHARLOTTE R SEVILLA

04/24/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR ( ) Delete  
Name: PADRON, MICHAEL  
Address: PO BOX 5402  
City-St-Zip: KEY WEST, FL 33045 US

**ADDITIONS/CHANGES:**

Title: MGMR (X) Change ( ) Addition  
Name: PADRON, MICHAEL  
Address: PO BOX 549  
City-St-Zip: LABELLE, FL 33975 US

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: MICHAEL A PADRON

MGMR

04/24/2006

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