## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000074721

Entity Name: HA CASTRO & ASSOCIATES, LLC

FILED Jan 02, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

215 CYPRESS WAY EAST 4890 SW 91 AVE MIAMI, FL 33165

US UNIT #D-12

NAPLES, FL 34110

**Current Mailing Address: New Mailing Address:** 

215 CYPRESS WAY EAST 4890 SW 91 AVE MIAMI, FL 33165 UNIT #D-12 US

NAPLES, FL 34110 US

FEI Number: 20-2762236 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:

CASTRO, HECTOR CASTRO, HECTOR 215 CYPRESS WAY EAST 4890 SW 91 AVE MIAMI, FL 33165 US UNIT #D-12 NAPLES, FL 34110 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 CASTRO 01/02/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR () Delete Title: (X) Change ( ) Addition

CASTRO, HECTOR Name: Name: CASTRO, HECTOR Address: 4890 SW 91 AVE Address: 215 CYPRESS WAY EAST, UNIT #D-12

City-St-Zip: MIAMI, FL 33165 City-St-Zip: NAPLES, FL 34110 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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 CASTRO 01/02/2007