

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000077318

**FILED**  
**Oct 05, 2005**  
**Secretary of State**

**Entity Name:** YOSVANI'S CATERING L.L.C.

**Current Principal Place of Business:**

6580 W 8 LANE  
HIALEAH, FL 33012 US

**New Principal Place of Business:**

12808 NORMANDIE RD  
TAMPA, FL 33625 US

**Current Mailing Address:**

6580 W 8 LANE  
HIALEAH, FL 33012 US

**New Mailing Address:**

12808 NORMANDIE RD  
TAMPA, FL 33625 US

**FEI Number:** 20-1795458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
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:**

ALVAREZ, YOSVANI  
6580 W 8 LANE  
HIALEAH, FL FL US

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

ALVAREZ, YOSVANI  
12808 NORMANDIE RD  
TAMPA, FL 33625 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: YOSVANI ALVAREZ

10/05/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ALVAREZ, YOSVANI  
Address: 6580 W 8 LANE  
City-St-Zip: HIALEAH, FL 33012 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ALVAREZ, YOSVANI  
Address: 12808 NORMANDIE RD  
City-St-Zip: TAMPA, FL 33625 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: YOSVANI ALVAREZ

PRES

10/05/2005

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