2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000086098

1. Entity Name
STARSHINE CLEANING LLC

FILED
08 JAN 29 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01072008 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
539 GREEN BRIAR BLVD. ALTAMONTE SPRINGS, FL 32714	539 GREEN BRIAR BLVD. ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8719 Leeland Archer Blvd	8719 Leeland Archer Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orl Fl	City & State: Orl Fl
Zip: 32836 Country: Orange	Zip: 32836 Country: Orange

4. FEI Number: 35-2217132 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BUITRAGO, MARIA
539 GREEN BRIAR BLVD.
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
8719 Leeland Archer Blvd

City: Orl FL Zip Code: 32836

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Maria Buitrago 1-8-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BUITRAGO, MARIA 539 GREEN BRIAR BLVD. ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Maria Buitrago 8719 Leeland Archer BLVD Orl Fl 32836	☑ Change ☐ Addition
		☐ Delete		500115892445 01/23/08--01031--006 **277.50	☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete		REINSTATEMENT 07-08	☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Maria Buitrago 1.8.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #