

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000086394

1. Entity Name
TECO ENTERPRISES LLC



FILED

09 FEB 17 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3370 NORTHEAST 190TH STREET, SUITE 1711 AVENTURA, FL 33180	Mailing Address 3370 NORTHEAST 190TH STREET, SUITE 1711 AVENTURA, FL 33180
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02112009 REIN-LLC CR2E101 (1/07)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TERAN, SERAFINA
3370 NE 190 ST
APT 1711
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name TERAN, Luis	
Street Address (P.O. Box Number is Not Acceptable) 3332 NE 190 Street # 2315	
City Aventura, FL	Zip Code 33180

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 2/13/09

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 MGR	<input type="checkbox"/> Delete
NAME TERAN, SERAFINA	
STREET ADDRESS 3370 NORTHEAST 190TH STREET, SUITE 1711	
CITY-ST-ZIP AVENTURA, FL 33180	
TITLE MGR	<input type="checkbox"/> Delete
NAME TERAN, LUIS	
STREET ADDRESS 3370 NORTHEAST 190TH STREET, SUITE 1711	
CITY-ST-ZIP AVENTURA, FL 33180	
TITLE S	<input type="checkbox"/> Delete
NAME TERAN, LUIS	
STREET ADDRESS 3370 NORTHEAST 190TH STREET, SUITE 1711	
CITY-ST-ZIP AVENTURA, FL 33180	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TERAN, Serafina	
STREET ADDRESS 3332 NE 190 St # 2315	
CITY-ST-ZIP Aventura, FL 33180	
TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Luis Teran	
STREET ADDRESS 3332 NE 190 St # 2315	
CITY-ST-ZIP Aventura, FL 33180	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT

0809

02/17/09--01038--003 **138.75
300743807003
300143807003
02/17/09--01038--004 **138.75
L. SELLERS
FEB 18 2009

EXAMINER

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: *[Signature]* DATE: 2/13/09