

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000008898

**FILED**  
**Dec 19, 2006**  
**Secretary of State**

**Entity Name:** LAUHO ENTERPRISES, LLC

**Current Principal Place of Business:**

1330 S.E. 12TH TERRACE  
CAPE CORAL, FL 33990 US

**New Principal Place of Business:**

**Current Mailing Address:**

1330 S.E. 12TH TERRACE  
CAPE CORAL, FL 33990 US

**New Mailing Address:**

**FEI Number:** 20-2236775      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PALAZZO, HORACIO N  
1330 S.E. 12TH TERRACE  
CAPE CORAL, FL 33990 US

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

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: HORACIO PALAZZO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PALAZZO, HORACIO  
Address: 1330 12TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: MGR ( ) Delete  
Name: PALAZZO, ANDREW  
Address: 1330 S.E. 12TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33990 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: PALAZZO, ANDREW  
Address: 1602 S.W. 16TH COURT  
City-St-Zip: CAPE CORAL, FL 33991 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: ANDREW PALAZZO

MGR

12/19/2006

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