

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000010794

Entity Name: LASALAGA, LLC

**FILED**  
**Oct 16, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

15610 LAKE GRACE DRIVE  
ODESSA, FL 335563019

**New Principal Place of Business:**

**Current Mailing Address:**

15610 LAKE GRACE DRIVE  
ODESSA, FL 335563019

**New Mailing Address:**

FEI Number: 20-2452125

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CASON, LARRY E  
15610 LAKE GRACE DRIVE  
ODESSA, FL 335563019 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: LARRY E. CASON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CASON, LARRY E  
Address: 15610 LAKE GRACE DRIVE  
City-St-Zip: ODESSA, FL 335563019

Title: MGRM ( ) Delete  
Name: COLLURA, SAMUEL J JR.  
Address: 1303 JEN-MA-JO LANE  
City-St-Zip: LUTZ, FL 335493875

Title: MGRM ( ) Delete  
Name: PRIETO, LARRY E  
Address: 2504 WITTHY COURT  
City-St-Zip: TAMPA, FL 336181528

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: LARRY E. CASON

MGRM

10/16/2007

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