

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000012443

**FILED**  
**Oct 23, 2006**  
**Secretary of State**

**Entity Name:** TRIPLE E INVESTMENT AND HOLDING CO., LLC

**Current Principal Place of Business:**

7225 POINCIANA COURT  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

7225 POINCIANA COURT  
MIAMI LAKES, FL 33014

**New Mailing Address:**

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

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

ESPINOSA, LUIS  
7225 POINCIANA COURT  
MIAMI LAKES, FL 33014 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: LUIS ESPINOSA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ESPINOSA, LUIS  
Address: 7225 POINCIANA COURT  
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR ( ) Delete  
Name: ESPINOSA, BERTHA G  
Address: 7225 POINCIANA COURT  
City-St-Zip: MIAMI LAKES, FL 33014

**ADDITIONS/CHANGES:**

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 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: LUIS ESPINOSA

CEO

10/23/2006

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