

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000022904

Entity Name: MIGUEL DIONICIO, LLC

**FILED**  
**Oct 05, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

955 STATE ROAD 546 EAST  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

955 STATE ROAD 546 EAST  
HAINES CITY, FL 33844

**New Mailing Address:**

FEI Number: 20-2451423      FEI Number Applied For ( )      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:**

DIONICIO, MIGUEL  
955 STATE ROAD 546 EAST  
HAINES CITY, FL 33844      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: MIGUEL DIONICIO

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: DIONICIO, MIGUEL  
Address: 955 STATE ROAD 546 EAST  
City-St-Zip: HAINES CITY, FL 33844

**ADDITIONS/CHANGES:**

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: MIGUEL DIONICIO

MGR

10/05/2006

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