

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000037564

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

**Entity Name:** V. QUINTERO STUCCO & PLASTERING, LLC

**Current Principal Place of Business:**

501 FALKENBURG ROAD SOUTH, SUITE A-4  
TAMPA, FL 33619

**New Principal Place of Business:**

1601 N. WHEELER ST  
PLANT CITY, FL 335632376

**Current Mailing Address:**

501 FALKENBURG ROAD SOUTH, SUITE A-4  
TAMPA, FL 33619

**New Mailing Address:**

1601 N. WHEELER ST  
PLANT CITY, FL 335632376

FEI Number: 51-0545728      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

QUINTERO, VICENTE  
501 FALKENBURG ROAD SOUTH, SUITE A-4  
TAMPA, FL 33619      US

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

QUINTERO, VICENTE  
1601 N. WHEELER ST.  
PLANT CITY, FL 335632376      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: VICENTE QUINTERO

10/19/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: P ( ) Change (X) Addition  
Name: QUINTERO, VICENTE  
Address: 1601 N. WHEELER ST.  
City-St-Zip: PLANT CITY, FL 335632376

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: VICENTE QUINTERO

P

10/19/2006

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