

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000046377

Entity Name: P.I.T.A. ,LLC

**FILED**  
**Nov 27, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

5520 HAMLIN CLOSE ROAD  
DAVENPORT, FL 33896

**New Principal Place of Business:**

1050 US HWY 27  
20  
CLERMONT, FL 34714

**Current Mailing Address:**

P.O. BOX 661  
LOUGHMAN, FL 33858

**New Mailing Address:**

1050 US HWY 27  
20  
CLERMONT, FL 34714

FEI Number: 04-3816537      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:**

LUIS, B. M ENDOZA  
5520 HAMLIN CLOSE ROAD  
DAVENPORT, FL 33896    US

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

MENDOZA, LUIS B OWNER  
5520 HAMLIN CLOSE ROAD  
DAVENPORT, FL 33896    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 B. MENDOZA

11/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: LUIS, B. M ENDOZA  
Address: 5520 HAMLIN CLOSE ROAD  
City-St-Zip: DAVENPORT, FL 33896

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: MENDOZA, LUIS B OWNER  
Address: 5520 HAMLIN CLOSE ROAD  
City-St-Zip: DAVENPORT, FL 33896

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 B. MENDOZA

MGR

11/27/2006

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