

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000055748

**FILED**  
**Oct 15, 2008**  
**Secretary of State**

**Entity Name:** MAURICIO JESUS CIFUENTES, LLC

**Current Principal Place of Business:**

5270 GOLDEN GATE PKWY  
103, 104  
NAPLES, FL 34116

**New Principal Place of Business:**

11725 COLLIER BLVD  
SUITE  
NAPLES, FL 34116

**Current Mailing Address:**

5270 GOLDEN GATE PKWY  
103, 104  
NAPLES, FL 34116

**New Mailing Address:**

PO BOX 990783  
NAPLES, FL 34116

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **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:**

CIFUENTES, MAURICIO J  
5270 GOLDEN GATE PKWY  
103, 104  
NAPLES, FL FL US

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

ACCOUNTING PLUS MORE  
4100 CORPORATE SQ  
SUITE 150  
NAPLES, FL FL 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: MAURICIO J CIFUENTES

10/15/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR                      ( ) Delete  
Name: CIFUENTES, MAURICIO J  
Address: 5270 GOLDEN GATE PKWY, SUITE 103, 104  
City-St-Zip: NAPLES, FL 34116

Title: MGR                      ( ) Delete  
Name: MIRANDA, CARLOS  
Address: 2883 ORANGE GROVE TRAIL  
City-St-Zip: NAPLES, FL 34120

**ADDITIONS/CHANGES:**

Title: MGR                      (X) Change ( ) Addition  
Name: CIFUENTES, MAURICIO J  
Address: 2866 INLET COVE LANE W  
City-St-Zip: NAPLES, FL 34120

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: MAURICIO J CIFUENTES

MGR

10/15/2008

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