

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000056343

Entity Name: LILA&MMOTORS, LLC.

FILED
Sep 18, 2006
Secretary of State

Current Principal Place of Business:

P.O BOX 678232
ORLANDO, FL 32867

New Principal Place of Business:

2833 CORAL REEF DRIVE
ORLANDO, FL 32826

Current Mailing Address:

P.O BOX 678232
ORLANDO, FL 32867

New Mailing Address:

2833 CORAL REEF DRIVE
ORLANDO, FL 32826

FEI Number: 59-3806883 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:

HILL, ANTHONY G
2833 CORAL REEF DRIVE
ORLANDO, FL 32826 US

Name and Address of New Registered Agent:

HILL, MCCALLISTER W
2833 CORAL REEF DRIVE
ORLANDO, FL 32826 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: MWH

09/18/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: CEO () Change (X) Addition
Name: HILL, ANTHONY G
Address: 2833 CORAL REEF DRIVE
City-St-Zip: ORLANDO, FL 32826

Title: MGR () Change (X) Addition
Name: HILL, MONIQUE R
Address: 2833 CORAL REEF DRIVE
City-St-Zip: ORLANDO, FL 32826

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: ANTHONY G HILL

CEO

09/18/2006

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