## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L05000058683

Address:

City-St-Zip:

Entity Name: SANDOVAL ENTERPRISES, LLC

1642 SW LOFGREN AVE

PORT ST LUCIE, FL 34953

FILED Oct 16, 2006 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 1642 SW LOFGREN AVE PORT ST LUCIE, FL 34953 **Current Mailing Address: New Mailing Address:** 1642 SW LOFGREN AVE PORT ST LUCIE, FL 34953 FFI 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: Name and Address of New Registered Agent: SANDOVAL, CAROLYN 1642 SW LÓFGREN AVE PORT ST LUCIE, FL 34953 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: CAROLYN SANDOVAL Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR ( ) Delete Title: () Change () Addition SANDOVAL, CAROLYN Name: 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: CAROLYN SANDOVAL MGR 10/16/2006