

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000062934 1. Entity Name EAST COAST GRINDER SERVICE & REPAIR, L.L.C.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 17 AM 9:03

Principal Place of Business 1648 TAYLOR RD #202 PORT ORANGE, FL 32128	Mailing Address 1648 TAYLOR RD #202 PORT ORANGE, FL 32128
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10102006 REIN-LLC CR2E101 (11/05)

4. FEI Number
20-3009559

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOZOYA, JENNIFER 1847 TAYLOR RD PORT ORANGE, FL 32128	Name Lozoya, Jennifer Street Address (P.O. Box Number is Not Acceptable) 1648 Taylor Road City Port Orange FL Zip Code 32128

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jennifer Lozoya MGR DATE: 10-10-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOZOYA, JENNIFER 1648 TAYLOR RD #202 PORT ORANGE, FL 32128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200080887572 10/17/06--01009--005 **\$5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Jennifer Lozoya MGR DATE: 10-10-06 DAYTIME PHONE: 386-405-1051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE