

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000064904

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** TRIPLE LLL OF SW FLORIDA, LLC

**Current Principal Place of Business:**

2810 4TH STREET, NW  
NAPLES, FL 34120

**New Principal Place of Business:**

2810 4TH STREET, NW  
NAPLES, FL 34120 US

**Current Mailing Address:**

2810 4TH STREET, NW  
MIRAMAR, FL 33023

**New Mailing Address:**

2810 4TH STREET, NW  
MIRAMAR, FL 33023 US

**FEI Number:** 26-0708843      **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:**

MONTE DE OCA, ISMAEL  
2810 4TH STREET, NW  
MIRAMAR, FL 33023 US

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

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:** ISMAEL MONTE DE OCA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MONTE DE OCA, ISMAEL  
**Address:** 2810 4TH STREET, NW  
**City-St-Zip:** MIRAMAR, FL 33023

**Title:** MGR  
**Name:** MONTE DE OCA, GLENYS G  
**Address:** 2810 4TH STREET, NW  
**City-St-Zip:** NAPLES, FL 34120 US

I hereby 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:** ISMAEL MONTE DE OCA

MGR

05/03/2010

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