

**2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 10, 2006  
Secretary of State**

DOCUMENT# L05000070650

Entity Name: MANGO JO'S SOUTH SHORE, LLC

**Current Principal Place of Business:**

2626 E. COLLEGE AVENUE  
RUSKIN, FL 33570

**New Principal Place of Business:**

**New Mailing Address:**

P.O. BOX 3605  
APOLLO BEACH, FL 33572

**Current Mailing Address:**

2626 E. COLLEGE AVENUE  
RUSKIN, FL 33570

FEI Number: 35-2258536      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:**

BACHMANN, LUANNA  
2626 E. COLLEGE AVENUE  
RUSKIN, FL 33570    US

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

BACHMANN, LUANNA  
2626 E. COLLEGE AVE  
RUSKIN, FL 33570    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: LUANNA BACHMANN

10/10/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CERVI, JOHN  
Address: 2626 E. COLLEGE AVENUE  
City-St-Zip: RUSKIN, FL 33570

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: JENKINS, ROGER  
Address: 2626 E. COLLEGE AVENUE  
City-St-Zip: RUSKIN, FL 33570

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: ROGER D JENKINS

MGRM

10/10/2006

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