

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000082135

Entity Name: CESAR EURIBE, LLC

FILED  
Nov 01, 2007  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 1746  
LADY LAKE, FL 321581746

**New Principal Place of Business:**

13940 US HWY 441  
SUITE 503  
LADY LAKE, FL 32159

**Current Mailing Address:**

P.O. BOX 1746  
LADY LAKE, FL 321581746

**New Mailing Address:**

13940 US HWY 441  
SUITE 503  
LADY LAKE, FL 32159

FEI Number: 20-3329626      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:**

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

EURIBE, CESAR  
13940 US HWY. 441, STE. 503  
LADY LAKE, FL 32159 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: CESAR EURIBE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: OFFI ( ) Delete  
Name: EURIBE, CESAR  
Address: P.O. BOX 1746  
City-St-Zip: LADY LAKE, FL 32158

**ADDITIONS/CHANGES:**

Title: OFFI (X) Change ( ) Addition  
Name: EURIBE, CESAR  
Address: 13940 US HWY 441 SUITE 503  
City-St-Zip: LADY LAKE, FL 32159

I hereby certify that the information supplied with this filing does not qualify 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: CESAR EURIBE

OFF

11/01/2007

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