

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000086789

Entity Name: PRIEGUEZ & WEEMS, LLC

FILED
Oct 06, 2006
Secretary of State

Current Principal Place of Business:

112 E. JEFFERSON ST.
2ND FLOOR
TALLAHASSEE, FL 32301 UF

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 390
TALLAHASSEE, FL 32302 US

New Mailing Address:

112 E. JEFFERSON ST
2ND FLOOR
TALLAHASSEE, FL 32301 US

FEI Number: 20-3399330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEEMS, LORI K
2019 FOREST GLEN COURT
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

WEEMS, LORI K
112 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301 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: LORI K WEEMS

10/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEEMS, LORI K
Address: 2019 FOREST GLEN COURT
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MGRM () Delete
Name: PRIEGUEZ, MANNY
Address: 4000 MALAGA AVE.
City-St-Zip: COCONUT GROVE, FL 33133 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WEEMS, LORI K
Address: 1838 FERNANDO DRIVE
City-St-Zip: TALLAHASSEE, FL 32302 US

Title: () Change () Addition
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: LORI K WEEMS

MGRM

10/06/2006

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