

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000090514

Entity Name: DEL DIOS, LLC

**FILED**  
**Dec 25, 2006**  
**Secretary of State**

## **Current Principal Place of Business:**

16201 DOUBLEBROOK PLACE  
TAMPA, FL 33624

## **New Principal Place of Business:**

5373 EHRlich RD.  
203 - 209  
TAMPA, FL 33625

## **Current Mailing Address:**

16201 DOUBLEBROOK PLACE  
TAMPA, FL 33624

## **New Mailing Address:**

5373 EHRlich RD.  
203 - 209  
TAMPA, FL 33625

FEI Number: 20-4495471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## **Name and Address of Current Registered Agent:**

COSTELLO, LISA  
16201 DOUBLEBROOK PLACE  
TAMPA, FL 33624 US

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

COSTELLO, LISA  
5373 EHRlich RD.  
203 - 209  
TAMPA, FL 33625 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: LISA COSTELLO

12/25/2006

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COSTELLO, LISA  
Address: 16201 DOUBLEBROOK PLACE  
City-St-Zip: TAMPA, FL 33624

## **ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: COSTELLO, LISA  
Address: 5373 EHRlich RD., # 203 - 209  
City-St-Zip: TAMPA, FL 33625

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: LISA COSTELLO

CEO

12/25/2006

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