

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000092922

Entity Name: TRIANGLE PARK LLC

**FILED**  
**Apr 19, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

6900 SILVERSTAR RD.  
200  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 112  
GOTHA, FL 34734

**New Mailing Address:**

FEI Number: 20-3505910

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FREZZA, TONY CFP  
2441 WEST SR 426  
SUITE 1051  
OVIEDO, FL 32765 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: TONY FREZZA

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SALARBUX, M. ZAHEER  
Address: P.O.BOX 112  
City-St-Zip: GOTHA, FL 34734

Title: MGRM  
Name: SALARBUX, SHADERA A  
Address: P.O. BOX 112  
City-St-Zip: GOTHA, FL 34734

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: SHADERA A SALARBUX

MGRM

04/19/2013

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