

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000100881

**FILED**  
**Feb 16, 2007**  
**Secretary of State**

**Entity Name:** SUAREZ BATH TUB AND COUNTER TOP REPAIR LLC

**Current Principal Place of Business:**

4534 W. CLIFTON ST.  
TAMPA, FL 33614 US

**New Principal Place of Business:**

7017 FILBERT LN  
TAMPA, FL 33637 US

**Current Mailing Address:**

4534 W. CLIFTON ST.  
TAMPA, FL 33614 US

**New Mailing Address:**

7017 FILBERT.  
TAMPA, FL 33637 US

**FEI Number:** 59-3826146      **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:**

SUAREZ, ALFREDO  
4534 W. CLIFTON ST.  
TAMPA, FL 33614 US

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

SUAREZ, ALFREDO  
7017 FILBERT LN  
TAMPA, FL 33637 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: SUAREZ ALFREDO

02/16/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SUAREZ, ALFREDO  
Address: 4534 W. CLIFTON ST.  
City-St-Zip: TAMPA, FL 33614 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SUAREZ, ALFREDO  
Address: 7017 FILBERT LN  
City-St-Zip: TAMPA, FL 33637 US

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: SUAREZ ALFREDO

MGRM

02/16/2007

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