

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000104436

Entity Name: ABELEDO FAMILY, LLC

FILED
Feb 02, 2007
Secretary of State

Current Principal Place of Business:

100 BLUFFVIEW DRIVE
501 C
BELLEAIR BLUFFS, FL 33770

New Principal Place of Business:

Current Mailing Address:

100 BLUFFVIEW DRIVE
501 C
BELLEAIR BLUFFS, FL 33770

New Mailing Address:

FEI Number: 20-3686021 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:

ABELED, ENRIQUE
100 BLUFFVIEW DRIVE
501C
BELLEAIR BLUFFS, FL 33770 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: ENRIQUE ABELEDO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ABELED, ENRIQUE
Address: 100 BLUFFVIEW DRIVE, 501C
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ABELED, ENRIQUE
Address: 100 BLUFF VIEW DRIVE, 501C
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: MGRM () Change (X) Addition
Name: ABELED-ADAMS, EMILY
Address: 100 BLUFF VIEW DRIVE, 501C
City-St-Zip: BELLEAIR BLUFFS, FL 33770

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: ENRIQUE ABELEDO

MGR

02/02/2007

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