## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L05000106711

Entity Name: HOME TUNEUP, LLC

FILED Jan 18, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1140 CASTLE WOOD TERRACE, APT. 312 1028 LONG BRANCH LANE

CASSELBERRY, FL 327073665 OVIEDO, FL 32765

**Current Mailing Address: New Mailing Address:** 

1140 CASTLE WOOD TERRACE, APT. 312 PO BOX 620785

OVIEDO, FL 32762-075 CASSELBERRY, FL 327073665

FEI Number: 86-1161861 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:

SANZ, ALVARO SANZ, ALVARO 1140 CASTLE WOOD TERRACE, APT. 312

1028 LONG BRANCH LANE CASSELBERRY, FL 327073665 US OVIEDO, FL 32765

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: ALVARO SANZ 01/18/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

() Delete Title: ( ) Change (X) Addition

ALVARO SANZ. Name: Name:

Address: Address: 1028 LONG BRANCH LANE City-St-Zip: City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: ALVARO SANZ 01/18/2007