

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000112083

Entity Name: FRIDA, LLC

**FILED**  
**Oct 11, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1211 LAMPLIGHTER COURT  
MARCO ISLAND, FL 34145 US

**New Principal Place of Business:**

599 S COLLIER BLVD  
SUITE 102  
MARCO ISLAND, FL 34145 US

**Current Mailing Address:**

1211 LAMPLIGHTER COURT  
MARCO ISLAND, FL 34145 US

**New Mailing Address:**

599 S COLLIER BLVD  
SUITE 102  
MARCO ISLAND, FL 34145 US

FEI Number: 20-3823445      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:**

ALVAREZ, MARIA L  
1211 LAMPLIGHTER COURT  
MARCO ISLAND, FL 34145 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: MARIA ALVAREZ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ALVAREZ, MARIA L  
Address: 1211 LAMPLIGHTER COURT  
City-St-Zip: MARCO ISLAND, FL 34145 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ALVAREZ, MARIA L  
Address: 599 S COLLIER BLVD, STE #102  
City-St-Zip: MARCO ISLAND, FL 34145 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: MARIA ALVAREZ

MGRM

10/11/2006

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