

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000119335

**FILED**  
**Oct 09, 2006**  
**Secretary of State**

**Entity Name:** D & S SANJUAN, LLC

**Current Principal Place of Business:**

6532 GUNN HIGHWAY  
TAMPA, FL 33625

**New Principal Place of Business:**

**Current Mailing Address:**

6532 GUNN HIGHWAY  
TAMPA, FL 33625

**New Mailing Address:**

**FEI Number:** 20-3936461      **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:**

WETHERINGTON, R. WADE  
1010 N. FLORIDA AVENUE  
TAMPA, FL 33602 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: WADE WETHERINGTON, ESQUIRE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SANJUAN, DWIGHT E  
Address: 6532 GUNN HIGHWAY  
City-St-Zip: TAMPA, FL 33625

Title: MGRM ( ) Delete  
Name: SANJUAN, SANDRA D  
Address: 6532 GUNN HIGHWAY  
City-St-Zip: TAMPA, FL 33625

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DWIGHT E. SANJUAN

P D

10/09/2006

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