

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000123440

FILED
Sep 17, 2007
Secretary of State

Entity Name: BRACO REMODELING AND CONSTRUCTION, LLC

Current Principal Place of Business:

481 PINE VIEW TRAIL
KISSIMMEE, FL 34747

New Principal Place of Business:

Current Mailing Address:

481 PINE VIEW TRAIL
KISSIMMEE, FL 34747

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

ROSSI, ANAZILMA
481 PINE VIEW TRAIL
KISSIMMEE, FL 34747 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: ANAZILMA ROSSI

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSSI, ANAZILMA
Address: 481 PINE VIEW TRAIL
City-St-Zip: KISSIMMEE, FL 34747 US

Title: MGR () Delete
Name: WITT, ROMILSON
Address: 481 PINE VIEW TRAIL
City-St-Zip: KISSIMMEE, FL 34747 US

Title: MGR (X) Delete
Name: CARDONA, LUIS F
Address: 324 PIANO LANE
City-St-Zip: DAVENPORT, FL 33896 US

ADDITIONS/CHANGES:

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

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 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: ANAZILMA ROSSI

MNG

09/17/2007

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