

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000014934

Entity Name: DINGO'S L.L.C.

FILED  
Oct 29, 2008  
Secretary of State

**Current Principal Place of Business:**

3112 E. STATE RD. 60  
VALRICO, FL 33594

**New Principal Place of Business:**

**Current Mailing Address:**

3112 E. STATE RD. 60  
VALRICO, FL 33594

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REPENN, DONALD  
5105 S. PANDORA PLACE  
PLANT CITY, FL 33566 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: DONALD L DUVAL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: REPENN, DONALD  
Address: 5105 S. PANDORA PLACE  
City-St-Zip: PLANT CITY, FL 33566

Title: MGR (X) Delete  
Name: TWILLEY, RONNIE  
Address: P.O. BOX 397  
City-St-Zip: SEFFNER, FL 33583

Title: MGR ( ) Delete  
Name: DUVAL, DONALD L  
Address: 1415 LOREA LN.  
City-St-Zip: BRANDON, FL 33511

**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: DONALD L DUVAL

MGR

10/29/2008

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