

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000016155

Entity Name: SALADACRES, LLC

**FILED**  
**Oct 09, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

105 WEEPING WILLOW  
UVALDE, TX 98801

**New Principal Place of Business:**

105 WEEPING WILLOW  
UVALDE, TX 78801

**Current Mailing Address:**

105 WEEPING WILLOW  
UVALDE, TX 98801

**New Mailing Address:**

105 WEEPING WILLOW  
UVALDE, TX 78801

FEI Number: 04-3839485

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TUTTLE, RON F  
828 NE 15TH AVE STE 4  
FORT LAUDERDALE, FL 33304 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: RON F. TUTTLE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TUTTLE, RONALD  
Address: # 217 53051 RANGE RD. 211  
City-St-Zip: ARDROSSAN, ALBERTA, T8G2C6 CA

**ADDITIONS/CHANGES:**

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: RON F. TUTTLE

MM

10/09/2007

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