

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000053778

**Entity Name:** LA CASA DE SUENOS, LLC

**FILED**  
**Mar 02, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

9320 54TH COURT E.  
PARRISH, FL 34219 US

**New Principal Place of Business:**

**Current Mailing Address:**

9320 54TH COURT E.  
PARRISH, FL 34219 US

**New Mailing Address:**

**FEI Number:** 20-4935709

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OLSON, ROBERT M  
9320 54TH COURT E.  
PARRISH, FL 34219 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:** ROBERT M. OLSON

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGRM  
**Name:** OLSON, ROBERT M  
**Address:** 9320 54TH COURT E.  
**City-St-Zip:** PARRISH, FL 34219 US

**Title:** MGRM  
**Name:** OLSON, CAROL A  
**Address:** 9320 54TH COURT E.  
**City-St-Zip:** PARRISH, FL 34219 US

**Title:** MGRM  
**Name:** MOSLEY, FRED  
**Address:** 6650 CHAMISA LANE  
**City-St-Zip:** FARMINGTON, NM 87402 US

**Title:** MGRM  
**Name:** MOSLEY, JALANE  
**Address:** 6650 CHAMISA LANE  
**City-St-Zip:** FARMINGTON, NM 87402 US

I hereby 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** ROBERT M. OLSON

MGRM

03/02/2014

Electronic Signature of Authorized Person

Date