

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000074897

1. Entity Name  
L. ORTEGA & ASSOCIATES OF TAMPA BAY, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

08 MAY 14 PM 12:58

Principal Place of Business  
3106 W. FRIERSON AVE.  
TAMPA, FL 33614

Mailing Address  
3106 W. FRIERSON AVE.  
TAMPA, FL 33614

2. Principal Place of Business - No P.O. Box #  
550 N. Reo Street

3. Mailing Address  
550 N. Reo Street

Suite, Apt. #, etc.  
Suite 300

Suite, Apt. #, etc.  
Suite 300

City & State  
Tampa, FL

City & State  
Tampa, FL

Zip  
33609

Country  
U.S.A

Zip  
33609

Country  
U.S.A

05072008 REIN-LLC CR2E101 (1/07)

4. FEI Number  
20-5279767

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, THEODORE J  
1010 N. FLORIDA AVE.  
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ORTEGA, LUIS A  
3016 W. FRIERSON AVE.  
TAMPA, FL 33614 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
4001301729-44  
05/23/08--01012--022 \*\*277.50

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Luis Ortega

5/1/08

813-966-4069