

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000080954

Entity Name: SHIRLEI DEVITO, LLC

FILED
Nov 23, 2009
Secretary of State

Current Principal Place of Business:

14546 OLD THICKET TRACE
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

Current Mailing Address:

14546 OLD THICKET TRACE
WINTER GARDEN, FL 34787 US

New Mailing Address:

FEI Number: 20-5393308 FEI Number Applied For () 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:

LARSON, CAROLINE
8818 COMMODITY CIRCLE
SUITE 40
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

LARSON ACCOUNTING & CONSULTING SVCS, LLC
8810 COMMODITY CIRCLE
SUITE 17
ORLANDO, FL 32819 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: CAROLINE LARSON

11/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEVITO, SHIRLEI
Address: 14546 OLD THICKET TRACE
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: MGR () Delete
Name: IWAKAWA, PRISCILA S
Address: 14546 OLD THICKET TRACE
City-St-Zip: WINTER GARDEN, FL 34787 US

ADDITIONS/CHANGES:

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: SHIRLEI DEVITO

MGR

11/23/2009

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