

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 NOV 20 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10082007 REIN-LLC CR2E101 (1/07)

| | | | | | |
|--|--|--|--|--|--|
| DOCUMENT # L06000082445 1. Entity Name LA GRAN PARADA GROCERY LLC | | | | | |
| Principal Place of Business 204 S JOHN YOUNG PARKWAY KISSIMMEE, FL 34741 US | | | Mailing Address 10303 NEWINGTON DRIVE ORLANDO, FL 32836 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 20-5413034 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| AYBAR, JESUS A 10303 NEWINGTON DRIVE ORLANDO, FL 32836 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 <u><i>Jesus A Aybar</i></u> JESUS A AYBAR <u>11/12/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00 | | 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 | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM AYBAR, JESUS A 10303 NEWINGTON DRIVE ORLANDO, FL 32836 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: right; font-weight: bold;"> 200110731012 10/12/07 01023 010 +150.00 </div> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| REINSTATEMENT | | | | | |
| 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 <u><i>Jesus Aybar</i></u> JESUS AYBAR MGM <u>10/8/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | Date <u>10/8/07</u> Daytime Phone # <u>407-933-8784</u> | |