

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
08 NOV -4 PM 5:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000084810

1. Entity Name  
PLAZA LORENZO LLC



Principal Place of Business  
5831 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32839 US

Mailing Address  
6004 HOODROD CIRCLE DR  
ORLANDO, FL 32819 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
6004 Hardrock Cr.

Suite, Apt. #, etc.

City & State  
Orlando Florida

Zip  
32819

Country

10282008 REIN-LLC CR2E101.(1/07)

4. FEI Number  
20-150112

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PICHARDO, SR, GUILLERMO  
6004 HOODROD CIRCLE DR  
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name  
Pichardo Guillermo

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

6004 Hardrock Cr.

City  
Orlando

FL

Zip Code  
32819

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 of person printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After January 1, 2009, Fee will be \$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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICHARDO, SR, GUILLERMO 6004 HOODROD CIRCLE DR ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6004 Hardrock Cr. Orlando FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRISALES, GLORIA 6004 HOODROD CIRCLE DR ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6004 Hardrock Cr. Orlando FL 32819
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 000137567390 11/03/08--01043--001 **138.75
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
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
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

**REINSTATEMENT**  
2008

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 #