

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000084846

FILED
Oct 11, 2007
Secretary of State

Entity Name: SUHAILA DOVALES & ASSOCIATES LLC

Current Principal Place of Business:

13520 BUDWORTH CIRCLE
ORLANDO, FL 32832

New Principal Place of Business:

Current Mailing Address:

13520 BUDWORTH CIRCLE
ORLANDO, FL 32832

New Mailing Address:

FEI Number: 20-5453689 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

DOVALES, SUHAILA
13520 BUDWORTH CIRCLE
ORLANDO, FL 32832 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: SUHAILA DOVALES

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DOVALES, SUHAILA
Address: 13520 BUDWORTH CIRCLE
City-St-Zip: ORLANDO, FL 32832

Title: MGRM () Delete
Name: MALDONADO, CARMEN
Address: 13520 BUDWORTH CIRCLE
City-St-Zip: ORLANDO, FL 32832

Title: MGRM () Delete
Name: DOVALES, GILBERT
Address: 13520 BUDWORTH CIRCLE
City-St-Zip: ORLANDO, FL 32832

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SUHAILA DOVALES

MGR

10/11/2007

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