

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000106797

**FILED**  
**Oct 01, 2012**  
**Secretary of State**

**Entity Name:** PARK ROAD COMMERCE CENTER ,LLC.

**Current Principal Place of Business:**

4739 OLD CANOE CREEK RD  
SAINT CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

4739 OLD CANOE CREEK RD  
SAINT CLOUD, FL 34769

**New Mailing Address:**

**FEI Number:** 06-1799120

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEREZ, STEPHEN  
4739 OLD CANOE CREEK RD  
SAINT CLOUD, FL 34769 US

**Name and Address of New Registered Agent:**

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:** STEPHEN PEREZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** PEREZ, STEPHEN  
**Address:** 4739 OLD CANOE CREEK RD  
**City-St-Zip:** SAINT CLOUD, FL 34769

**Title:** VP  
**Name:** PEREZ, NILDA  
**Address:** 13704 SW 109 COURT  
**City-St-Zip:** MIAMI, FL 33176

I hereby 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:** STEPHEN PEREZ

MGRM

10/01/2012

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