

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000109555

FILED
Dec 18, 2007
Secretary of State

Entity Name: SAMUEL & JORGE MACIAS, LLC

Current Principal Place of Business:

4403 GARNER COURT
FORT PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

4403 GARNER COURT
FORT PIERCE, FL 34947

New Mailing Address:

FEI Number: 04-3609058 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:

Name and Address of New Registered Agent:

MACIAS, SAMUEL B
4403 GARNER COURT
FORT PIERCE, FL 34947 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: SAMUEL B. MACIAS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MACIAS, SAMUEL B
Address: 4403 GARNER COURT
City-St-Zip: FORT PIERCE, FL 34947

Title: MGR () Delete
Name: MACIAS, JORGE S
Address: 4403 GARNER COURT
City-St-Zip: FORT PIERCE, FL 34947

Title: MGR () Delete
Name: MACIAS, LAURA L
Address: 4403 GARNER COURT
City-St-Zip: FORT PIERCE, FL 34947

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: SAMUEL B MACIAS

MGRM

12/18/2007

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