

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000118860

Entity Name: LA DETAIL, LLC

FILED  
Oct 23, 2008  
Secretary of State

**Current Principal Place of Business:**

1142 FALCON RIDGE LANE  
PALM HARBOR, FL 34684 US

**New Principal Place of Business:**

1673 PERCHERON DRIVE  
TRINITY, FL 34655 US

**Current Mailing Address:**

1142 FALCON RIDGE LANE  
PALM HARBOR, FL 34684 US

**New Mailing Address:**

1673 PERCHERON DRIVE  
TRINITY, FL 34655 US

FEI Number: 20-8374036      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:**

ANGELO, LOUIS F  
1142 FALCON RIDGE LANE  
PALM HARBOR, FL 34684 US

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

ANGELO, LOUIS F  
1673 PERCHERON DRIVE  
TRINITY, FL 34655 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: LOUIS F ANGELO

10/23/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ANGELO, LOUIS F  
Address: 1142 FALCON RIDGE LANE  
City-St-Zip: PALM HARBOR, FL 34684 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ANGELO, LOUIS F  
Address: 1673 PERCHERON DRIVE  
City-St-Zip: TRINITY, FL 34655 US

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: LOUIS F. ANGELO

MR.

10/23/2008

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