

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000006695

Entity Name: LALU LLC

FILED  
Jun 09, 2009  
Secretary of State

**Current Principal Place of Business:**

10050 BROAD CHANNEL RD.  
CUTLER BAY, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

10050 BROAD CHANNEL RD.  
CUTLER BAY, FL 33157

**New Mailing Address:**

FEI Number: 35-2287540      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:**

GARCIA, KENNY A  
10050 BROAD CHANNEL RD.  
CUTLER BAY, FL 33157      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: KENNY GARCIA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: GARCIA, KENNY A  
Address: 10050 BROAD CHANNEL RD.  
City-St-Zip: CUTLER BAY, FL 33157

Title: MGRM      ( ) Delete  
Name: GARCIA, PATRICIA E  
Address: 10050 BROAD CHANNEL RD.  
City-St-Zip: CUTLER BAY, FL 33157

**ADDITIONS/CHANGES:**

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: KENNY GARCIA

MGR

06/09/2009

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