2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000009571

1. Entity Name
VALDEZ & ASSOCIATES LLC

VOID

08 NOV 20 AM 9:04

Principal Place of Business
2717 SEVILLE BLVD.
SUITE 7101
CLEARWATER, FL 33764

Mailing Address
2717 SEVILLE BLVD.
SUITE 7101
CLEARWATER, FL 33764

Balance due for reinstatement.
11202008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
501 MANDALAY AVE	501 MANDALAY AVE.
Suite, Apt. #, etc: SUITE 402	Suite, Apt. #, etc: SUITE 402
City & State: CLEARWATER BEACH, FL	City & State: CLEARWATER BEACH, FL.
Zip: 33767 Country: USA	Zip: 33767 Country: USA

4. FEI Number: 11-3803002 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VALDEZ, JERRY D 2717 SEVILLE BLVD. SUITE 7101 CLEARWATER, FL. FL 33764	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this document for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: 11.20-2008

FILE NOW!!! FEE IS $138.75
After January 1, 2009, Fee will be $277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice

Make check payable to Florida Department of State

9. MANAGERS/MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
Type & Name	MGRM VALDEZ, JERRY D 2717 SEVILLE BLVD CLEARWATER FL 33764	☐ Delete	Type & Name	☐ Change ☐ Addition
Type & Name		☐ Delete	Type & Name	☐ Change ☐ Addition
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Type & Name		☐ Delete	Type & Name	☐ Change ☐ Addition
Type & Name		☐ Delete	Type & Name	☐ Change ☐ Addition

400138233034
11/24/08--01047--005 **500.00

11/24/08--01047--005 **5.00

11. I hereby certify that the information indicated on this report or supplemental attachment does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report (or supplemental attachment) is true and accurate and that my 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 person authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: _____ 11.20.2008