

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000025647

**FILED**  
**May 02, 2011**  
**Secretary of State**

**Entity Name:** D.R. MANSO,LLC.

**Current Principal Place of Business:**

16599 SW 117 AVE  
MIAMI, FL 33177

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 771611  
MIAMI, FL 33177

**New Mailing Address:**

**FEI Number:** 20-8586734

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MANSO, HECTOR  
5133 NW 4 TERRACE  
MIAMI, FL 33126 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:** HECTOR MANSO

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MANSO, DAVID  
**Address:** 16599 SW 117 AVE  
**City-St-Zip:** MIAMI, FL 33177

**Title:** MGR  
**Name:** MANSO, HECTOR R JR.  
**Address:** P.O BOX 771611  
**City-St-Zip:** MIAMI, FL 331774

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:** HECTOR MANSO

MGR

05/02/2011

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