

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 JUN 11 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05202009 REIN-LLC CR2E101 (1/07)

4. FEI Number **591 788029** ☒ Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L07000029255

1. Entity Name  
TACOS OSORIO LLC

Principal Place of Business  
217 SW 3RD TERRACE  
DANIA, FL 33044

Mailing Address  
217 SW 3RD TERRACE  
DANIA, FL 33044

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
2113 TAYLOR ST  
#1  
City & State  
HOLLYWOOD FL  
Zip  
33020 Country  
BROWARD

6. Name and Address of Current Registered Agent  
OSORIO, NICOLAS  
2113 TAYLOR STREET, STE. 1  
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent  
Name  
S. OSORIO  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Nicolas Osorio DATE 5/27/09  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$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. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSORIO, NICOLAS 217 SW 3RD TERRACE DANIA, FL 33044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100156781611</b> <b>06/04/09--01020--005 **277.50</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSORIO, MARIA 217 SW 3RD TERRACE DANIA, FL 33044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Nicolas Osorio Date 5/27/09  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE