

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000030117

Entity Name: DAROMA LLC

FILED  
Sep 29, 2008  
Secretary of State

**Current Principal Place of Business:**

19101 NATURE PALM LANE  
TAMPA, FL 33647

**New Principal Place of Business:**

28210 PASEO DR.  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

19101 NATURE PALM LANE  
TAMPA, FL 33647

**New Mailing Address:**

FEI Number: 06-1823923      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

MAGANUCO, ROBERTO  
19101 NATURE PALM LANE  
TAMPA, FL 33647 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: ROBERTO MAGANUCO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MAGANUCO, ROBERTO  
Address: 19101 NATURE PALM LANE  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: MAGANUCO, DANIELA I  
Address: 19101 NATURE PALM LANE  
City-St-Zip: TAMPA, FL 33647

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: ROBERTO MAGANUCO

MNGR

09/29/2008

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