

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000050787

Entity Name: GARCIA CUARTAS, LLC

**FILED**  
**Jan 27, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

3223 KOVAL CT  
ORLANDO, FL 32837 US

**New Principal Place of Business:**

2183 VICTORIA FALLS DR  
ORLANDO, FL 32824 US

**Current Mailing Address:**

3223 KOVAL CT  
ORLANDO, FL 32837 US

**New Mailing Address:**

2183 VICTORIA FALLS DR  
ORLANDO, FL 32824 US

FEI Number: 30-0528822      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:**

GARCIA, JAVIER A  
3223 KOVAL CT  
ORLANDO, FL 32837 US

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

GARCIA, JAVIER A  
2183 VICTORIA FALLS DR  
ORLANDO, FL 32824 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: JAVIER GARCIA

01/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GARCIA, JAVIER A  
Address: 3223 KOVAL CT  
City-St-Zip: ORLANDO, FL 32837 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GARCIA, JAVIER A  
Address: 2183 VICTORIA FALLS DR  
City-St-Zip: ORLANDO, FL 32824 US

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: JAVIER GARCIA

MGR

01/27/2009

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