

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000063434

**FILED**  
**Mar 09, 2009**  
**Secretary of State**

**Entity Name:** ARAGON CAPITAL GROUP LLC

**Current Principal Place of Business:**

8121 SW 13TH ROAD  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 141383  
GAINESVILLE, FL 32614

**New Mailing Address:**

8121 SW 13TH ROAD  
GAINESVILLE, FL 32607

**FEI Number:** 26-0387705      **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:**

BARBOSA, MIGUEL  
8121 SW 13TH ROAD  
GAINESVILLE, FL 32607      US

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

BARBOSA, MIGUEL A FOUNDER  
8121 SW 13TH ROAD  
GAINESVILLE, FL 32607      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: MIGUEL A BARBOSA

03/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MRGM      ( ) Delete  
Name: BARBOSA, MIGUEL  
Address: P O BOX 141383  
City-St-Zip: GAINESVILLE, FL 32614-138

**ADDITIONS/CHANGES:**

Title: MRGM      (X) Change      ( ) Addition  
Name: BARBOSA, MIGUEL A  
Address: 8121 SW 13TH ROAD  
City-St-Zip: GAINESVILLE, FL 32607

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: MIGUEL A BARBOSA

MRGM

03/09/2009

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