

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000066102

Entity Name: AIDA GROUP LLC

FILED
Nov 09, 2009
Secretary of State

Current Principal Place of Business:

310 S HIGHLAND ST
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

PO BOX 1545
MOUNT DORA, FL 32756 US

New Mailing Address:

FEI Number: 26-0417397 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:

JORGE, ACOSTA
310 S. HIGHLAND ST
MOUNT DORA, FL 32757 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: JORGEACOSTA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JORGE, ACOSTA
Address: 310 S HIGHLAND ST
City-St-Zip: MOUNT DORA, FL 32757

Title: PGRM () Delete
Name: MILVA, ACOSTA
Address: 310 S. HIGHLAND ST.
City-St-Zip: MOUNT DORA, FL 32757

Title: MGRM () Delete
Name: ACOSTA, JORGE JR
Address: 15372 SW 34 ST
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JORGEACOSTA

PRES

11/09/2009

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