

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000083813

Entity Name: 1610 W. DELEON, LLC

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1509 W. SWANN AVE.  
280  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

1509 W. SWANN AVE.  
280  
TAMPA, FL 33606

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

SCARRITT, THOMAS P JR  
1509 W. SWANN AVE.  
280  
TAMPA, FL 33606 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: THOMAS P. SCARRITT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GALUPUS ENTERPRISES, INC.  
Address: 1509 W. SWANN AVE. SUITE 280  
City-St-Zip: TAMPA, FL 33606

I hereby 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: THOMAS P SCARRITT

MGRM

01/11/2011

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