2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 30, 2009
Secretary of State

DOCUMENT# L07000097930

Entity Name: MIGUEL ANGUEL VASQUEZ LLC

Current Principal Place of Business:

C/O C. ALLEN, 5000 SE 39TH COURT
OCALA, FL 34480

New Principal Place of Business:

C/O RAPP, 7451 SADLER RD
MT DORA, FL 32757

Current Mailing Address:

C/O C&M, PO BOX 831463
OCALA, FL 34483

New Mailing Address:

C/O C ALLEN, PO BOX 739
TANGERINE, FL 32777

FEI Number: **FEI Number Applied For (X)** **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:

RAPP, BJ
7451 SADLER RD, BOX 67
TANGERINE, FL 32777 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: BJ RAPP

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: VASQUEZ, MIQUEL A
Address: C/O C&M, PO BOX 831463
City-St-Zip: OCALA, FL 34483

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: VASQUEZ, MIQUEL A
Address: C/O C ALLEN, PO BOX 739
City-St-Zip: TANGERINE, FL 32777

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 ANGUEL VASQUEZ MGRM 09/30/2009

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