


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000108050 1. Entity Name AUGUST GARCIA, LLC <i>August GARCIA LLC</i>			
Principal Place of Business 1380 HARMONY DR PORT CHARLOTTE, FL 33952 3909 Paces Pl		Mailing Address 1380 HARMONY DR PORT CHARLOTTE, FL 33952	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Tallahassee, FL City & State Zip 32311 Country USA		3. Mailing Address 3909 Paces Place Suite, Apt. #, etc. Tallahassee, FL City & State Zip 32311 Country	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		10062008 REIN-LLC CR2E101 (1/07)	
6. Name and Address of Current Registered Agent GARCIA, AUGUST 1380 HARMONY DR PORT CHARLOTTE, FL 33952		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3909 Paces Place City Tallahassee FL Zip Code 32311	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>August Garcia</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GARCIA, AUGUST 1380 HARMONY DRIVE PORT CHARLOTTE, FL 33952	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3909 Paces Place Tallahassee, FL 32311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u><i>August Garcia</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____			

FILED
 08 OCT -6 AM 9:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 08 AC