## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000108	050		FILED	
AUGÚST GARCIA, LLC			US UCT - C .	
Aggest GARCIA	LLC		SECKE TAGY	3
Principal Place of Business T380 HARMONY DR PORT CHARLOTTE, FL 33952	Mailing Address  1300 HARMONY DR PORT CHARLOTTE, FL 3	<del>3</del> 952	SECKE TARY OF STATE TALLAHASSEE, FLORID	Ā
3909 PACES PI			) IN BITCH I ALL MAIN THE RESIDENCE AND A MAIN STATE AND	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address Oc.	es Place		
Suite, Apt. #, etc. Allahassee. Fl	Suite, Apt. #, etc.	ES IMCC	10062008 REIN-LLC CR2E101 (1/07)	
City & State	City & State Tallahassee	FL	4. FEI Number Applied Not Applied	
Zip Country		Country	5 Certificate of Status Desired 55.00 Addition	•
6. Name and Address of Current	S23//		7. Name and Address of New Registered Agent	
		Name		
GARCIA, AUGUST		Street Address	(P.O. Box Number is Not Acceptable)	
PORT-CHARLOTTE; FL 33952		2000	a P Pl	
		City	1 Taces Flace Zip Code	
9. The above gamed entity submits this statement for	or the purpose of changing its re	lall	ered agent, or both, in the State of Florida. I am familiar with, and	accept
the obligations of registered agent.	ir the purpose of changing its re	agistered office or registe	ared agent, or both, in the state of Profita. I am familiar with, and	accopi
SIGNATURE Signature, type of printed ruffne of registered agent	and title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating) DATE	_
Signature, typea or printed rume or registered agent	ало вое паррясаве. (ноте:	Kedisteled Adeut signature redu	area with removality	
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50	12 - 1- 1014	607.193(2)(b), F.S., t not receive the prior n		
9. MANAGING MEMBE		10.	ADDITIONS/CHANGES	1
TITLE MGR NAME GARCIA, AUGUST	☐ Delete	TITLE 3	909 Paces Place Change =	Addition
STREET ADDRESS* 1380 HARMONY DRIVE		STREET ADDRESS	- 1 - 1	
CITY-ST-ZIP PORT-CHARLOTFE, FL 33952		CITY-ST-ZIP C	Mahassee, F-L 323//	Addition
TI#.E NAME	☐ Delete	NAME		] Addition
STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP	10707708-0102F-022***138,	75
CITY-ST-ZIP TITLE	☐ Delete	TITLE	☐ Change	] Addition
NAME	LI Deserte	NAME		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS CITY-S1-ZIP		STREET ADORESS CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	Change	Addition
		THE L		
NAME		NAME	·	
NAME STREET ADDRESS	_ 5		·	
NAME	□ Delete	NAME STREET ADDRESS	☐ Change ☐	] Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	☐ Change	] Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE		NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ Change ☐	] Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ Change: □	Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	☐ Change: □	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	☐ Delete ☐ Delete .	NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP	d in Charter 119 Florida Statutes Liturater certify that the informa	]•Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	□ Delete □ Delete • h this filing does not qualify for t	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE exemptions containe	d in Chapter 119, Florida Statutes. I further certify that the informal made under oath; that I am a managing member or manager of	]•Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the information supplied with indicated on this report is true and accurate and	□ Delete □ Delete • h this filing does not qualify for t	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE exemptions containe	d in Chapter 119, Florida Statutes. I further certify that the informal made under oath; that I am a managing member or manager of	]•Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the information supplied wit indicated on this report is true and accurate and limited liability company or the receiver or truste  SIGNATURE:	□ Delete □ Delete • h this filing does not qualify for t	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemptions containe ne same legal effect as if aport as required by Cha	d in Chapter 119, Florida Statutes. I further certify that the informal made under oath; that I am a managing member or manager of pler 608, Florida Statutes.	]•Addition