

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
08 NOV -4 PM 5:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000111651 1. Entity Name HEAVEN SENT FULL AUTO REPAIR, LLC			
Principal Place of Business 6925 INTERBAY BLVD TAMPA, FL 33616 US		Mailing Address 6925 INTERBAY BLVD TAMPA, FL 33616 US	
2. Principal Place of Business - No P.O. Box # 1925 Interbay Blvd		3. Mailing Address 1925 Interbay Blvd	
Suite, Apt. #, etc. B		Suite, Apt. #, etc. B	
City & State Tampa, FL 33616		City & State Tampa, FL 33616	
Zip 33616		Zip 33616	
Country US		Country US	
4. FEI Number 33-1189648		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BURGOS, BARBARA 6925 INTERBAY BLVD TAMPA, FL 33616		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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>Barbara Burgos</i></u> DATE: <u>10-27-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES </div> </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURGOS, BARBARA 6925 INTERBAY BLVD TAMPA, FL 33616	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 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. </div> <div style="width: 45%;"> REINSTATEMENT 2008 </div> </div>			
SIGNATURE: <u><i>Barbara Burgos</i></u>		DATE: <u>10-27-08</u> (813) 458-4050	