

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000117341

**FILED**  
**Nov 03, 2009**  
**Secretary of State**

**Entity Name:** ANGELS OF MECHANICS, LLC

**Current Principal Place of Business:**

3029 E. SOUTH ST.  
ORLANDO, FL 32803

**New Principal Place of Business:**

1605 S. BUMBY AVE  
ORLANDO, FL 32806

**Current Mailing Address:**

3029 E. SOUTH ST.  
ORLANDO, FL 32803

**New Mailing Address:**

1605 S. BUMBY AVE  
ORLANDO, FL 32806

**FEI Number:** 26-1454851      **FEI Number Applied For ( )**      **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:**

ORTIZ, MARIA  
3029 E. SOUTH ST  
ORLANDO, FL 32803      US

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

ORTIZ, MARIA  
1605 S. BUMBY AVE.  
ORLANDO, FL 32806      US

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: MARIA ORTIZ

11/03/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: ORTIZ, MARIA  
Address: 3029 E. SOUTH ST.  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: ORTIZ, MARIA  
Address: 1605 S. BUMBY AVE.  
City-St-Zip: ORLANDO, FL 32806

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: MARIA ORTIZ

MNGR

11/03/2009

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