

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000004574

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** MINEZ LLC

**Current Principal Place of Business:**

6065 SABAL CROSSING CT  
PORT ORANGE, FL 32128 US

**New Principal Place of Business:**

**Current Mailing Address:**

6065 SABAL CROSSING CT  
PORT ORANGE, FL 32128 US

**New Mailing Address:**

**FEI Number:** 30-0461339      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

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

BURGOS, ELIOE E SR  
6065 SABAL CROSSING CT  
PORT ORANGE, FL 32128 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: ELIOE E. BURGOS SR.

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BURGOS, ELIOE E SR  
**Address:** 6065 SABAL CROSSING CT  
**City-St-Zip:** PORT ORANGE, FL 32128 US

**Title:** MGRM  
**Name:** BURGOS, ELIOE E JR  
**Address:** 6065 SABAL CROSSING CT  
**City-St-Zip:** PORT ORANGE, FL 32128 US

**Title:** MGRM  
**Name:** BURGOS, VIELKA E  
**Address:** 6065 SABAL CROSSING CT  
**City-St-Zip:** PORT ORANGE, FL 32128 US

I hereby 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: ELIO E. BURGOS SR.

MEMB

01/06/2010

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