

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000010505

Entity Name: EMAZA TOURS LLC

FILED
Nov 02, 2009
Secretary of State

Current Principal Place of Business:

954 PARK TERRACE
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

954 PARK TERRACE
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 26-3837782 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:

Name and Address of New Registered Agent:

ZAMBRANO, ROSALBA
954 PARK TERRACE
KISSIMMEE, FL 34746 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: ROSALBA ZAMBRANO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ZAMBRANO, ROSALBA
Address: 954 PARK TERRACE
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM () Delete
Name: ZAMBRANO, ELSA M
Address: 954 PARK TERRACE
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM () Delete
Name: ZAMBRANO, FREDDY
Address: 954 PARK TERRACE
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROSALBA ZAMBRANO

MGR

11/02/2009

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