

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000042868

Entity Name: MANUEL MOLINOS LLC

FILED  
Oct 30, 2009  
Secretary of State

**Current Principal Place of Business:**

501 SW 13 STREET  
APT # 2  
OCALA, FL 34471

**New Principal Place of Business:**

1904 SW 31ST AVE  
APT C  
OCALA, FL 34474

**Current Mailing Address:**

501 SW 13 STREET  
APT # 2  
OCALA, FL 34471

**New Mailing Address:**

1904 SW 31ST AVE  
APT C  
OCALA, FL 34474

FEI Number: 01-0930290      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:**

MOLINOS, MANUEL  
501 SW 13TH STREET  
APT#2  
OCALA, FL 34474 US

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

MOLINOS, MANUEL M  
1904 SW 31ST AVE  
APT C  
OCALA, FL 34474 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: MANUEL MOLINOS

10/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MANUEL, MOLINOS M  
Address: 501 SW 13 STREET  
City-St-Zip: APT # 2, FL 34471 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MANUEL, MOLINOS M  
Address: 1904 SW 31ST AVE APT C  
City-St-Zip: Ocala, FL 34474 US

Title: MGRM ( ) Change (X) Addition  
Name: YDALIA, MOLINOS  
Address: 1920 SW 31ST AVE  
City-St-Zip: Ocala, FL 34474 US

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: MANUEL MOLINOS

MGR

10/30/2009

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