

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000054532

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** FLOORING MASTER OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

5157 W RIO VISTA AVE  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

5157 W RIO VISTA AVE  
TAMPA, FL 33634

**New Mailing Address:**

**FEI Number:** 26-4557613

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEJIO, CAMILO  
3550 SIMONTON CT  
LAND O LAKES, FL 34638 US

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

MEJIO, CAMILO A  
5157 W. RIO VISTA AVE.  
TAMPA, FL 33634 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: CAMILO A. MEJIO

01/12/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: GM  
Name: MEJIO, CAMILO A  
Address: 5157 W. RIO VISTA AVE.  
City-St-Zip: TAMPA, FL 33634

Title: MGRM  
Name: MEJIO, MAURICIO  
Address: 5157 W RIO VISTA AVE  
City-St-Zip: TAMPA, FL 33634

Title: MGRM  
Name: MEJIO, CAMILO O  
Address: 5157 W RIO VISTA AVE  
City-St-Zip: TAMPA, FL 33634

Title: MGRM  
Name: MEJIO, JUAN  
Address: 5157 W RIO VISTA AVE  
City-St-Zip: TAMPA, FL 33634

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: CAMILO A. MEJIO

GM

01/12/2011

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