

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000064346

Entity Name: EL PICANTOSO, LLC

FILED
Oct 02, 2009
Secretary of State

Current Principal Place of Business:

6034 SHERWOOD GLEN WAY
4
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

6034 SHERWOOD GLEN WAY
4
WEST PALM BEACH, FL 33415

New Mailing Address:

FEI Number: 26-2908723 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:

BRICKCLICKING, INC.
6034 SHERWOOD GLEN WAY
4
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

DIAZ, EDGAR E
6034 SHERWOOD GLEN WAY
4
WEST PALM BEACH, FL 33415 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: EDGAR E DIAZ

10/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DIAZ, EDGAR E
Address: 6034-4 SHERWOOD GLEN WAY
City-St-Zip: WEST PALM BEACH, FL 33415

Title: MGRM () Delete
Name: MATA, PATRICIA E
Address: 6034 SHERWOOD GLEN WAY
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES:

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: EDGAR E DIAZ

MGR

10/02/2009

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