

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000082044

FILED  
Nov 03, 2009  
Secretary of State

Entity Name: DIEGO RIVER, LLC

**Current Principal Place of Business:**

2734 CASA WAY  
DELRAY BEACH, FL 33445 US

**New Principal Place of Business:**

**Current Mailing Address:**

2734 CASA WAY  
DELRAY BEACH, FL 33445 US

**New Mailing Address:**

FEI Number: 26-3264164      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:**

KERN, KEITH D  
50 SE FOURTH AVENUE  
DELRAY BEACH, FL 33483 US

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

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: KEITH D. KERN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MERLO, FRANK  
Address: 2734 CASA WAY  
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: MGR ( ) Delete  
Name: PEREZ, GERARDO  
Address: 2734 CASA WAY  
City-St-Zip: DELRAY BEACH, FL 33445 US

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: PEREZ, GERARDO  
Address: 2921 DENVER ST.  
City-St-Zip: SAN DIEGO, CA 92117 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: GERARDO R. PEREZ

MGR

11/03/2009

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