

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000094467

**FILED**  
**Nov 18, 2009**  
**Secretary of State**

**Entity Name:** V & M COMPUTER REPAIR, LLC

**Current Principal Place of Business:**

20071 BARLETTA LANE  
2726  
ESTERO, FL 33928

**New Principal Place of Business:**

**Current Mailing Address:**

20071 BARLETTA LANE  
2726  
ESTERO, FL 33928

**New Mailing Address:**

**FEI Number:** 26-3485700      **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:**

LABARBERA, VINCENT M  
20071 BARLETTA LANE  
2726  
ESTERO, FL 33928 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: VINCENT LABARBERA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: LABARBERA, VINCENT M  
Address: 20071 BARLETTA LANE  
City-St-Zip: ESTERO, FL 33928

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

Title: MGR ( ) Delete  
Name: IZQUIERDO, MIGUEL H  
Address: 20071 BARLETTA LANE  
City-St-Zip: ESTERO, FL 33928

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: VINCENT LABARBERA

MR

11/18/2009

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