

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000111241

Entity Name: SIMA ENTERPRISE, LLC

**FILED**  
**Oct 29, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1619 BRIDGEVIEW CIR  
ORLANDO, FL 32824

**New Principal Place of Business:**

**Current Mailing Address:**

1619 BRIDGEVIEW CIR  
ORLANDO, FL 32824

**New Mailing Address:**

FEI Number: 26-3820310      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:**

MEDINA, SARA I  
13920 LANDSTAR BLVD  
ORLANDO, FL 32824      US

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

MEDINA, SARA I  
13932 LANDSTAR BLVD  
ORLANDO, FL 32824      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: SARA I. MEDINA

10/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MEDINA, SARA I  
Address: 1619 BRIDGEVIEW CIR  
City-St-Zip: ORLANDO, FL 32824

Title: MGRM (X) Delete  
Name: PADRO, SANTIAGO  
Address: 1619 BRIDGEVIEW CIR  
City-St-Zip: ORLANDO, FL 32824

**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: SARA I. MEDINA

MGRM

10/29/2009

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