

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000027241

Entity Name: MVPSAA, LLC

**FILED**  
**Oct 22, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

57 OAKRIDGE  
FROSTPROOF, FL 33843

**New Principal Place of Business:**

5279 IMAGES CIRCLE  
104  
KISSIMMEE, FL 34746

**Current Mailing Address:**

57 OAKRIDGE  
FROSTPROOF, FL 33843

**New Mailing Address:**

5279 IMAGES CIRCLE  
KISSIMMEE, FL 34746

FEI Number: 80-0551455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZAPATA, VICTORIA L  
57 OAKRIDGE  
FROSTPROOF, FL 33843 US

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

ZAPATA, VICTORIA L  
5279 IMAGES CIRCLE  
KISSIMMEE, FL 34746 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: VICTORIA L ZAPATA

10/22/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ZAPATA, VICTORIA L  
Address: 5279 IMAGES CIRCLE  
City-St-Zip: KISSIMMEE, FL 34746

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: VICTORIA L ZAPATA

MGRM

10/22/2013

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