

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000056160

**FILED**  
**Nov 10, 2011**  
**Secretary of State**

**Entity Name:** QUALITY AUTO REPAIR OF CAPE CORAL, LLC

**Current Principal Place of Business:**

920 SE 13TH PL  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

617 SE 28TH TERRACE  
CAPE CORAL, FL 33904

**New Mailing Address:**

FEI Number: 80-0594726

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

DELLAPORTA, SARA  
617 NE 28TH TERRACE  
CAPE CORAL, FL 33904 US

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

DELLAPORTA, SARA  
617 SE 28TH TERRACE  
CAPE CORAL, FL 33904 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 A DELLA PORTA

11/10/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DELLAPORTA, PETER  
Address: 617 SE 28TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM  
Name: DELLAPORTA, SARA  
Address: 617 SE 28TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904

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: SARA A DELLA PORTA

MGRM

11/10/2011

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