

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000057377

Entity Name: MADAM,LLC

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5024 COVE VIEW DR.  
ST. CLOUD, FL 34771

**New Principal Place of Business:**

**Current Mailing Address:**

5024 COVE VIEW DR.  
ST. CLOUD, FL 34771

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

MEDINA, CARLOS  
5024 COVE VIEW  
ST. CLOUD, FL 34771 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: CARLOS MEDINA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CARLOS, MEDINA  
Address: 5024 COVE VIEW DR  
City-St-Zip: ST. CLOUD, FL 34771

Title: MGR  
Name: GLADYS, MEDINA L  
Address: 5024 COVE VIEW DR  
City-St-Zip: ST. CLOUD, FL 34771

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: CARLOS MEDINA

MGRM

02/02/2012

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