

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

14 JUN 11 PM 4:31



DOCUMENT # L10000061870
 1. Entity Name
C A ENTERPRISES OF TALLAHASSEE LLC

Principal Place of Business 1112 SOUTH MAGNOLIA DRIVE, #Q7 TALLAHASSEE, FL 32301	Mailing Address 1112 SOUTH MAGNOLIA DRIVE, #Q7 TALLAHASSEE, FL 32301
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200261180402
 06/12/14--01001--004 **377.50



2. Principal Place of Business - No P.O. Box # 1112 South Magnolia Drive	3. Mailing Address 1112 South Magnolia Drive
Suite, Apt. #, etc. Q3	Suite, Apt. #, etc. Q3

06112014 REIN-LLC CR2E101 (12/11)

City & State Tallahassee FL	City & State Tallahassee FL	4. FEI Number 27-2826858	Applied For <input type="checkbox"/> Not Applicable
Zip 32301	Country US	Zip 32301	Country Leoa

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 AGUILAR, CHRISTOPHER
 1112 SOUTH MAGNOLIA DRIVE, #Q7 3
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
 Name: Christopher Aguilar
 Street Address (P.O. Box Number is Not Acceptable): 1112 south Magnolia Drive, #Q-3
 City: Tallahassee FL Zip Code: 32301

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$377.50

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AGUILAR, FRANCISCO <input checked="" type="checkbox"/> Delete 1112 SOUTH MAGNOLIA DRIVE, #Q7 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINEDA, CARLOS <input checked="" type="checkbox"/> Delete 1112 SOUTH MAGNOLIA DRIVE, #Q7 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AGUILAR, CHRISTOPHER <input type="checkbox"/> Delete 1112 SOUTH MAGNOLIA DRIVE, #Q7 Q3 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, HENRY <input checked="" type="checkbox"/> Delete 1112 SOUTH MAGNOLIA DRIVE, #Q7 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ Date: 06/11/2014 E-MAIL ADDRESS: Vega5896@gmail.com

RE 6/11/14