


2011 LIMITED LIABILITY COMPANY REINSTATEMENT

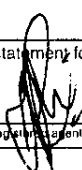
DOCUMENT # L10000103558		
1. Entity Name MOURA & UTTEICH DELIVERY SERVICES LLC		

Principal Place of Business 3909 RESERVE DR # 725 TALLAHASSEE, FL 32311	Mailing Address 3909 RESERVE DR # 725 TALLAHASSEE, FL 32311
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country


6. Name and Address of Current Registered Agent	
MOURA, JOARES 3909 RESERVE DR # 725 TALLAHASSEE, FL 32311	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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	DATE
	11/3/11

FILE NOW!!! FEE IS \$238.75 After January 1, 2012, Fee will be \$377.50		JROLIMOURA@MSN.COM		Make check payable to Florida Department of State	
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE MOURA, JOARES ROLIM		NAME		
STREET ADDRESS	3909 RESERVE DR - # 725		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL 32311		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UTTEICH, LUCIANO MARCOS		NAME		
STREET ADDRESS	3909 RESERVE DR - # 725		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL 32311		CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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: 11/3/11

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

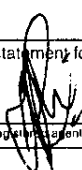


11032011 REIN-LLC CR2E101 (1/07)

4. FEI Number Applied For Not Applicable

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

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

L. SELLERS

NOV -3 2011

EXAMINER

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