

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000111302

**FILED**  
**Oct 03, 2012**  
**Secretary of State**

**Entity Name:** TAPAS: LATIN FUSION, LLC

**Current Principal Place of Business:**

1628 SE FEDERAL HWY  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 678, 15885 SW WARFIELD BLVD.  
INDIANTOWN, FL 34956

**New Mailing Address:**

**FEI Number:** 27-3776377

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLEWELLING, DONNA W  
15885 SW WARFIELD BLVD  
INDIANTOWN, FL 34956 US

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

FLEWELLING, GREGORY S  
15885 SW WARFIELD BLVD  
INDIANTOWN, FL 34956 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: GREGORY S FLEWELLING

10/03/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FLEWELLING, GREGORY  
Address: PO BOX 678, 15885 SW WARFIELD BLVD.  
City-St-Zip: INDIANTOWN, FL 34956

Title: MGRM  
Name: RODRIQUEZ, DAVID  
Address: 4585 BRIDGEPOINT WAY, UNIT 165  
City-St-Zip: VERO BEACH, FL 32967

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: GREGORY S FLEWELLING

MGRM

10/03/2012

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