

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000062509

Entity Name: ISABEL V. DELGADO LLC

**FILED**  
**Oct 02, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

23600 WALDEN CENTER DR, #101  
BONITA SPRING, FL 34134 US

**New Principal Place of Business:**

2193 46TH ST SW  
NAPLES, FL 34116 US

**Current Mailing Address:**

23600 WALDEN CENTER DR, #101  
BONITA SPRING, FL 34134 US

**New Mailing Address:**

2193 46TH ST SW  
NAPLES, FL 34116 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

DELGADO, ISABEL V  
23600 WALDEN CENTER DR  
#101  
BONITA SPRINGS, FL 34134 US

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

DELGADO, ISABEL V  
2193 46TH SW SW  
NAPLES, FL 34116 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: ISABEL V DELGADO

10/02/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DELGADO, ISABEL V  
Address: 2193 46TH ST SW  
City-St-Zip: NAPLES, FL 34116 US

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: ISABEL V DELGADO

MRS

10/02/2013

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