

2015 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVAL
AND
FILED

15 SEP 10 PM 2:45

SECRETARY OF STATE
PALM BEACH, FLORIDA

DOCUMENT # L11000119418

1. Entity Name
ORELLANA MASONRY LLC



Principal Place of Business
58 SIOUX CIRCLE
HAVANA, FL 32333

Mailing Address
POST OFFICE BOX 532
GREENSBORO, FL 32330

2. Principal Place of Business - No P.O. Box #
109 Scott Ln.
Suite, Apt. #, etc.
Greensboro 21
City & State
Greensboro 21
Zip 32332 Country USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country



09102015 REIN-LLC CR2E101 (12/11)

4. FEI Number
45-3626717

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

6. Name and Address of Current Registered Agent
KEEL, LASHELLE
58 SIOUX CIRCLE
HAVANA, FL 32333

7. Name and Address of New Registered Agent
Name Luis Orellana
Street Address (P.O. Box Number is Not Acceptable)
109 Scott Ln.
Greensboro
City Greensboro FL Zip Code 32332

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 Luis Orellana
Signature typed or printed name of registered agent and title if applicable. (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ORELLANA, LUIS POST OFFICE BOX 532 GREENSBORO, FL 32330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RIVAS, JOSE POST OFFICE BOX 532 GREENSBORO, FL 32330 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ORELLANA, OSCAR POST OFFICE BOX 532 GREENSBORO, FL 32330 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: Luis Orellana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS

SEP 10 2015