

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000142961

**Entity Name:** MAMBOS CCP, LLC

**FILED**  
**May 06, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

13770 BEACH BLVD.  
UNIT # 9  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

12299 COBBLEFIELD CIRCLE NORTH  
JACKSONVILLE, FL 32224

**New Mailing Address:**

**FEI Number:** 45-4092507

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

QUESADA, GISELA  
12299 COBBLEFIELD CIRCLE NORTH  
JACKSONVILLE, FL 32224 US

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

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:** GISELA QUESADA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ALPHA & OMEGA ENT. LLC  
**Address:** 3701 DANFORTH DRIVE, SUITE 1315  
**City-St-Zip:** JACKSONVILLE, FL 32224

**Title:** MGRM  
**Name:** QUESADA, GISELA  
**Address:** 12299 COBBLEFIELD CIRCLE NORTH  
**City-St-Zip:** JACKSONVILLE, FL 32224

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:** GISELA QUESADA

MGRM

05/06/2013

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