

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000118884

**Entity Name:** M.D.S APPLIANCES LLC

**Current Principal Place of Business:**

13801 HOLY STONE LANE WEST  
JACKSONVILLE, FL 32250

**Current Mailing Address:**

13801 HOLY STONE LANE WEST  
JACKSONVILLE, FL 32250

**FEI Number:** 82-1694705

**Certificate of Status Desired:** No

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

CORTES TORO, MANUEL  
13801 HOLY STONE LANE WEST  
JACKSONVILLE, FL 32250 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:** MANUEL CORTES TORO

12/17/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CORTES TORO, MANUEL  
Address 13801 HOLY STONE LANE WEST  
City-State-Zip: JACKSONVILLE FL 32250

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MANUEL CORTES TORO

MGR

12/17/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date