

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 22 AM 10:06

DOCUMENT # L01000019550

1. Limited Liability Company's Name

Rolling Shield West, LLC.

2. Principal Office Address

2500 NW 74 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

2500 NW 74 Ave

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33122

Country

Dade

City & State

Miami FL

Zip

33122

Country

Dade

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

65-1152498

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

PETERSON, MICHAEL P, ESQ  
SALAS, EDE, PETERSON & LAGE, LLC.

Street Address (P.O. Box Number is Not Acceptable)

6301 Sunset Drive

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33143

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date 9-21-2006

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Delgado, Jose	2500 NW 74 Ave	Miami, FL 33122

700080460577  
10/04/06--01037--009 \*\*250.00

REINSTATEMENT 04-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

Date 9/21/06

Daytime Phone # 305-436-6661

Typed or printed name of signing Managing Member/Manager