

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 26 PM 4:31

DOCUMENT # L03000044491

1. Entity Name
EURO-USA IMPORT & EXPORT, LLC



Principal Place of Business
P.O. BOX 163502
MIAMI, FL 33116

Mailing Address
P.O. BOX 163502
MIAMI, FL 33116

2. Principal Place of Business - No P.O. Box #
2101 SW 27 AVE

3. Mailing Address
2101 SW 27 AVE

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33145

Country
USA



02152008 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-0396747

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEVY, JACOBO
631 NW 45 AVE
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name
MARY JENNY PARRA TRUJILLO

Street Address (P.O. Box Number is Not Acceptable)
2101 SW 27 AVE

City
MIAMI

FL

Zip Code
33145

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
MARY JENNY PARRA TRUJILLO

DATE
2/11/08

(NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVY, JACOBO P.O. BOX 163502 MIAMI, FL 33116 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARY JENNY PARRA TRUJILLO 2101 SW 27 AVE MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSA YADIRA SILVA P.O. BOX 163502 MIAMI, FL 33116 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAIVY LIZ HERNANDEZ PAEZ 2101 SW 27 AVE MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUDITH ANDRADE LEON P.O. BOX 163502 MIAMI, FL 33116 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400118847944 02/26/08--01027--012 **277.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDUVIGIS LEON DEL CASTILLO P.O. BOX 163502 MIAMI, FL 33116 <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	REINSTATEMENT w/o 07-08 <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: MARY JENNY PARRA TRUJILLO

DATE: 2/11/08

786-223-0590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #