

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000012504

Entity Name: V.R.F., LLC

FILED
Feb 07, 2008
Secretary of State

Current Principal Place of Business:

8192 NW 103 ST
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

16540 SW 32 ST
MIRAMAR, FL 33027

Current Mailing Address:

8192 NW 103 ST
HIALEAH GARDENS, FL 33016

New Mailing Address:

16540 SW 32 ST
MIRAMAR, FL 33027

FEI Number: 33-1087465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BRITO, LEONARDO F
1001 BRICKELL BAY DR, STE 1812
MIAMI, FL 33131 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: BRITO LEONARDO F

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VAZQUEZ, JOSE A
Address: 1001 BRICKELL BAY DR, STE 1812
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: VAZQUEZ, MANUEL
Address: 1001 BRICKELL BAY DR, STE 1812
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VAZQUEZ, JOSE A
Address: 16540 SW 32 ST
City-St-Zip: MIRAMAR, FL 33027

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOSE A VAZQUEZ

MGRM

02/07/2008

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