

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000051938

FILED
Sep 24, 2007
Secretary of State

Entity Name: ANDRADE VILICANA CARPETING, LLC

Current Principal Place of Business:

3942 STATE ROAD 60
LOT 29
DOVER, FL 33527

New Principal Place of Business:

4809 CHARLESTON AVE
PLANT CITY, FL 33566

Current Mailing Address:

3942 STATE ROAD 60
LOT 29
DOVER, FL 33527

New Mailing Address:

4809 CHARLESTON AVE
PLANT CITY, FL 33566

FEI Number: 80-0114504 **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:

ANDRADE, MARIA D
3942 STATE ROAD 60
LOT 29
DOVER, FL 33527 US

Name and Address of New Registered Agent:

ANDRADE, MARIA D
4809 CHARLESTON AVE
PLANT CITY, FL 33566 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: MARIA D ANDRADE

09/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANDRADE, MARIA D
Address: 3942 STATE ROAD 60 LOT 29
City-St-Zip: DOVER, FL 33527 US

Title: MGRM () Delete
Name: VILICANA, SAMUEL
Address: 3942 STATE ROAD 60 LOT 29
City-St-Zip: DOVER, FL 33527 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ANDRADE, MARIA D
Address: 4809 CHARLESTON AVE
City-St-Zip: PLANT CITY, FL 33566 US

Title: MGRM (X) Change () Addition
Name: VILICANA, SAMUEL
Address: 4809 CHARLESTON AVE
City-St-Zip: PLANT CITY, FL 33566 US

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: MARIA D ANDRADE

MGRM

09/24/2007

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