

**2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000051938

**FILED  
Oct 03, 2013  
Secretary of State**

**Entity Name:** ANDRADE VILICANA CARPETING, LLC

**Current Principal Place of Business:**

4809 CHARLESTON AVE  
PLANT CITY, FL 33566

**New Principal Place of Business:**

**Current Mailing Address:**

4809 CHARLESTON AVE  
PLANT CITY, FL 33566

**New Mailing Address:**

**FEI Number:** 80-0114504      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ANDRADE, MARIA D  
Address: 4809 CHARLESTON AVE  
City-St-Zip: PLANT CITY, FL 33566 US

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

I hereby 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

MGR

10/03/2013

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