

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000000041

**FILED**  
**May 10, 2006**  
**Secretary of State**

**Entity Name:** LA ROSA DEL MONTE EXPRESS (MIAMI), LLC

**Current Principal Place of Business:**

7600 NW 68 ST  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

7600 NW 68 ST  
MIAMI, FL 33166

**New Mailing Address:**

FEI Number: 65-1070792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.  
1406 HAYS STREET, #2  
TALLAHASSEE, FL 32301 US

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

HIQ CORPORATE SERVICES, INC.  
1574 VILLAGE SQUARE BLVD.  
SUITE 100  
TALLAHASSEE, FL 32309 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: JIM STROTT

05/10/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RODRIGUEZ, HIRAM MGR  
Address: 1426 ROOSEVELT AVE  
City-St-Zip: PELHAM MANOR, NY 10803

Title: MGR ( ) Delete  
Name: DALZELL, STEVEN MGR  
Address: 46 CENTER ST  
City-St-Zip: POMPTON LAKES, NJ 07442

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN DALZELL

MGR

05/10/2006

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