## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



1. DOCUMENT # L01000002714

Name and Mailing Address

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New M	ailing Address 10 N. Bay 540RE	DENE		_	4. State/Cou	intry of Formation		
City, State,		31			<b>5.</b> Date Orga To Do Bus	anized or Qualified siness in Florida	0	
Principal Place of Business 3006 N.W. 79TH AVENUE MIAMI FL 33122		3. New Principal Place of Business Address			6. FEI Number 65-1080231		Applied For Not Applicable	
		City, State, Zip			7.  GERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status			
	B. Name and Address of Current	Registered Ac	rent	ALL CONTRACTOR OF THE CONTRACT	9. Name and	Address of New		
				9. Name and Address of New Registered Agent  Name STELLA SANCHEZ				
C/O	PRASKI, LOUIS A ESQ. SMITH & SUPRASKI, P.A.	, SECOND FL		Street Address (P.O. Box Number is Not Acceptable)				
	0 N.E. MIAMI GARDENS DRIVE RTH MIAMI BEACH FL 33180			11490 N. BAYGHORE DRIVE				
				MAMI	<del></del>		FL	33181
Signature of Registered	Agent RE	2 0 0 2 2 200	GENT MUST SIGN	Control of Section Control	s muses were the consequences of the con-	Date NO	N. 06	೦೩
	Names and Street Addresses of Each Managing Member/Manager  Name of Managing Street Address of Each  Name of Managing Street Address of Each					1		
Title(s)	Members/Managers		Manag	jer ·	City / State / Zip			
P	STELLA SAN	CHEZ	N OPPII IMAIM.N	, BMSHO , FL. 3	_	N. MIA	MI, FL	18188.
<u>-</u> .					10 11/13/	00089 0201008-	4658 -007 **	<b>1</b> 150.00
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					STAT.		_02	*
		i						LCC .
all fees	that I am managing member/manager or is reinstatement application the reason for owed by the limited liability company have ade under oath.							

Managing Member/Manager

Signature of

Date NOT. 06 02 Daytime Phone #(305)406-0106

Typed or printed name of signing Managing Member/Manager