

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000010712

1. Entity Name
MEIN ASSOCIATES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN -8 AM 8:05

Principal Place of Business
9710 NW 115 WAU 538
MEDLEY, FL 33178

Mailing Address
~~13901 SW 279 TH LN~~
~~MIAMI, FL 33186~~

2. Principal Place of Business

3. Mailing Address
13901 SW 279 TH LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01022007 REIN-LLC CR2E101 (11/05)

City & State

City & State
MIAMI, FL.

4. FEI Number
65-1110229

Applied For
Not Applicable

Zip

Country

Zip

33032

Country

USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RICO'S
12360 SW 122 ST
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name
RICO'S

Street Address (P.O. Box Number is Not Acceptable)
13901 SW 279 TH LANE

#1313

City
MIAMI

FL Zip Code
33032

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

RICO'S

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/2/06

DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LUIS ALBERTO DIAZ PENA
5193 NW 74 AVE.
MIAMI, FL 33166 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROA, PABLO
6150 W. 5TH LN.
HIALEAH, FL 33012 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM MEMBER
ERIC PEREZ
14430 SW 95 AVE.
MIAMI, FL 33176 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
ANNA AGUILAR
9601 SW 142 AVE
MIAMI, FL 33186 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400084149934
01/12/07--01011--019 **105.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
06-07 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/2/06

DATE

786-970-7999

Daytime Phone #