

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 24 AM 10:24

DOCUMENT # L02000006743

1. Entity Name
DIETRICH-EXCCCEL, LLC



Principal Place of Business
7818 NW 46TH ST
MIAMI, FL 33166

Mailing Address
7818 NW 46TH ST
MIAMI, FL 33166

2. Principal Place of Business

6701 NW 75th Street

Suite, Apt. #, etc.

135

City & State

Miami, FL

Zip

33126

Country

USA

3. Mailing Address

255 Alhambra Circle

Suite, Apt. #, etc.

720

City & State

Coral Gables FL

Zip

33134

Country

USA



01172006 REIN-LLC CR2E101 (11/05)

4. FEI Number
04-3618836

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

AUSTIN, C. RANDALL ESQ
11575 HERON BAY BLVD STE 315
CORAL SPRINGS, FL 33076

7. Name and Address of New Registered Agent

Name
HERNANDEZ, ARMANDO

Street Address (P.O. Box Number is Not Acceptable)
255 Alhambra Circle

Suite 720

City

Coral Gables FL

Zip Code

33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/06

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
MGR
SILVA, WALDYR
STREET ADDRESS
960 LAKEWOOD CT.
CITY-ST-ZIP
WESTON, FL 33326

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

60006528701E
02/06/06--01058--005 **100.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

7000650113537
02/02/06--01043--005 **100.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

REINSTATEMENT 05-06

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ 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

1/17/06

Date

305 468 0007

Daytime Phone #