

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

04 DEC 13 PM 3:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

12/13

DOCUMENT # L02000010570

1. Entity Name
ALLIED FARMS LLC



Principal Place of Business
**8200 NW 41ST ST STE 375
MIAMI, FL 33166**

Mailing Address
**PO BOX 526308
MIAMI, FL 33152**

2. Principal Place of Business
1500 NW 95 St.

3. Mailing Address
Suite, Apt. #, etc.

City & State
DORAL

City & State

Zip
33172

Country
DADE

Zip

Country



12072004 REIN-LLC CR2E101 (6/04)

4. FEI Number
04-3674064

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOTTLIEB, BARRY
8200 NW 41ST ST STE 375
MIAMI, FL 33166**

7. Name and Address of New Registered Agent

Name
MAYRA ROSARIO

Street Address (P.O. Box Number is Not Acceptable)
6157 W 26 CT.

City
HALEAH

FL

Zip Code
33016

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 *Dayna de Rosa* (NOTE: Registered Agent signature required when reinstating)

DATE **12-07-04**

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, Fee will be \$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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCLAUGHLIN, ROBERT 2665 SOUTH BAYSHORE DRIVE, STE 703 MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONTROLLER/MGR MAYRA ROSARIO 6157 W 26 CT. HALEAH, FL 33016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAUGHAN, HARRY 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600043366026 12/13/04--01059--016 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAUGHAN, JOHN 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAUGHAN, RICHARD 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAUGHAN, RICHARD M 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2004 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAUGHAN, MICHAEL 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	w/o penalty <input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Dayna de Rosa*

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

DATE **12-07-04**

Daytime Phone #