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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
 Account Number : I20000000195
 Phone : (850) 521-1000
 Fax Number : (850) 558-1575

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LIMITED LIABILITY REINSTATEMENT

TRIMCO HOLDINGS, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$377.50

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EXAMINER

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

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DOCUMENT # L02000022959			
1. Entity Name TRIMCO HOLDINGS, LLC			
Principal Place of Business 345 WEST 74TH PLACE MIAMI, FL 33014		Mailing Address 345 WEST 74TH PLACE MIAMI, FL 33014	
2. Principal Place of Business - No P.O. Box # 1100 EAST 13th St. Suite, Apt. #, etc.		3. Mailing Address Same	
City & State Hialeah, FL		City & State	
Zip 33010		Country USA	
4. FEI Number 51-0426833		Applied For Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CANTOR, JERALD C 4000 HOLLYWOOD BLVD., SUITE 265S HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name: Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City: Tallahassee FL Zip Code: 32301	
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: <u>Doreen Wallace</u>		Doreen Wallace Assistant Vice President 9/15/08	
FILE NOW!! FEE IS \$377.50		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZAMBITO, STEVEN 345 W 74TH PL MIAMI, FL 33014	☐ Delete	☒ Change ☐ Addition Correction
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GREENSTEIN, STUART 345 W 74TH PL MIAMI, FL 33014	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MENDOZA, BRUNO 345 W 74TH PL MIAMI, FL 33014	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 authorized to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: <u>Stuart Greenstein</u>		9/9/08 305.362.3025	