

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000011983

1. Entity Name  
CS AEROSPACE, L.L.C.



FILED

2004 DEC 29 PM 4: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7232 NW 70 STREET  
MIAMI, FL 33166

Mailing Address  
7232 NW 70 STREET  
MIAMI, FL 33166



2. Principal Place of Business  
6202 NW 115 PL #326  
Suite, Apt. #, etc.  
MIAMI, FL  
City & State

3. Mailing Address  
P.O. BOX 668616  
Suite, Apt. #, etc.  
MIAMI, FL  
City & State

12282004 REIN-LLC CR2E101 (6/04)

4. FEI Number  
58-2670637  
Applied For  
Not Applicable

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

Zip Country Zip Country  
33178 USA 33166 USA

6. Name and Address of Current Registered Agent

SOLIS, CYNTHIA  
7232 NW 70 STREET  
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name CYNTHIA SOLIS  
Street Address (P.O. Box Number is Not Acceptable)  
6202 NW 115 PLACE #326  
City MIAMI FL Zip Code 33178

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 12/28/04

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME SOLIS, CYNTHIA  
STREET ADDRESS 7232 NW 70 STREET  
CITY-ST-ZIP MIAMI, FL 33166 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition  
NAME CYNTHIA SOLIS  
STREET ADDRESS 6202 NW 115 PL #326  
CITY-ST-ZIP MIAMI, FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
SU0043706025  
12/29/04--01046--001 \*\*155.00

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

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

TITLE  
NAME  
STREET ADDRESS  
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 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

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