

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000018060 1. Entity Name ALUMA RACK, L.L.C.				FILED 2005 JAN 31 PM 2:41 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	
Principal Place of Business 1109 NORTH 21ST AVE #6101 HOLLYWOOD, FL 33020		Mailing Address 2319 COOLIDGE ST HOLLYWOOD, FL 33020			
2. Principal Place of Business		3. Mailing Address 2311 McKinley St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Hollywood, Florida		4. FEI Number 16-1667220	
Zip		Zip 33020		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NELSON, JEFFREY W 2319 COOLIDGE ST HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name Sharon K. Struble Street Address (P.O. Box Number is Not Acceptable) 2311 McKinley Street City Hollywood FL Zip Code 33020		
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><i>Sharon K. Struble</i></u> 1-26-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Registered Agent Owner ☒ Delete Jeffrey W. Nelson 2319 Coolidge Street Hollywood, FL 33020		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Owner ☒ Change ☐ Addition Sharon K. Struble 2311 McKinley Street Hollywood, FL 33020	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-owner/Managing member ☒ Change ☐ Addition Michelle Lee 2412 N.E. 32nd Avenue Fort Lauderdale, FL 33305	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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. Sharon K. Struble, Registered Agent Owner SIGNATURE: <u><i>Sharon K. Struble</i></u> 954-922-3593 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					