

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000019259

Entity Name: GRANADA GRANITE, LLC

FILED
Oct 09, 2007
Secretary of State

Current Principal Place of Business:

2371 W. 80 ST.
BAY #1
HIALEAH, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

2371 W. 80 ST.
BAY # 1
HIALEAH, FL 33016 US

New Mailing Address:

FEI Number: 13-9251910 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DA SILVA, FERNANDO
5541 NW 112 AVE
108
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

DA SILVA, FERNANDO
2371 W 80 ST
BAY# 1
HIALEAH, FL 33016 US

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.

SIGNATURE: FERNANDO DA SILVA

10/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DA SILVA, FERNANDO
Address: 5541 NW 112 AVE #108
City-St-Zip: MIAMI, FL 33178

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DA SILVA, FERNANDO
Address: 2371 W 80 ST BAY# 1
City-St-Zip: HIALEAH, FL 33016

Title: MGR () Change (X) Addition
Name: ALMEIDA, PAULA
Address: 2371 W 80 ST BAY# 1
City-St-Zip: HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FERNANDO SILVA

MGR

10/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date