

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000020133

1. Entity Name  
FORGED STEEL VALVES LLC



FILED

2006 JUN 13 PM 1:06

Principal Place of Business  
9715 FOUNTAINEBLEAU BLVD. NO. 301  
MIAMI, FL 33172

Mailing Address  
9715 FOUNTAINEBLEAU BLVD. NO. 301  
MIAMI, FL 33172

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
9601 SW 142 AVE

3. Mailing Address  
SAME

Suite, Apt. #, etc.  
APT # 216

Suite, Apt. #, etc.

City & State  
MIAMI

City & State

Zip  
33186

Country  
US

Zip

Country

06122006 REIN-LLC CR2E101 (11/05)

4. FEI Number  
APPLIED FOR

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CARRERA, PATRICIO  
9715 FOUNTAINEBLEAU BLVD. NO. 301  
MIAMI, FL 33172

## 7. Name and Address of New Registered Agent

Name  
XAVIER A MORENO

Street Address (P.O. Box Number is Not Acceptable)

9601 SW 142 AVE APT # 216

City  
MIAMI

FL

Zip Code  
33186

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

FILE NOW!!! FEE IS \$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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CARRERA, PATRICIO  
9715 FOUNTAINEBLEAU BLVD. NO. 301  
MIAMI, FL 33172 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
XAVIER A MORENO  
9601 SW 142 AVE APT # 216  
MIAMI FL 33186 ☐ 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

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 exemptions contained in Chapter 119, 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:

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

Date

Daytime Phone #

REINSTATEMENT 2005-2006

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