

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000026118

1. Entity Name  
MIAMI DADE COMPUTER SOLUTIONS LLC



2007 SEP 25 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3566 W 75 PLACE  
HIALEAH, FL 33018

Mailing Address  
P.O. BOX 835283  
MIAMI, FL 33283

2. Principal Place of Business - No P.O. Box #  
SAME

3. Mailing Address  
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09212007 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number  
20-0117262

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

BRETON, HECTOR  
3566 W 75 PLACE  
HIALEAH, FL 33018

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$50.00  
After January 1, 2008, Fee will be \$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  
P  
BRETON, HECTOR R  
3566 W 75 PLACE  
HIALEAH, FL 33018 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VICE PRESIDENT  
ROSE ANNETTE VALLS  
3566 W 75 PL  
HIALEAH, FL 33018 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
500109899405  
09/25/07--01042--006 \*\*50.00 ☐ Change ☒ Addition

TITLE  
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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 #

9/20/07 786-325-5000