

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 31 AM 10:01

REINSTATEMENT 04-05



**DOCUMENT # L03000037290**

1. Entity Name  
**BEADS AMOR, LLC**



Principal Place of Business  
11860 NW 3RD DRIVE  
CORAL SPRINGS, FL 33071

Mailing Address  
11860 NW 3RD DRIVE  
CORAL SPRINGS, FL 33071

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01132005 REIN-LLC CR2E101 (6/04)

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**DUBROW DUKER & ASSOCIATES, P.A.**  
2832 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name **Carol Martinez**  
Street Address (P.O. Box Number is Not Acceptable)  
**11860 NW 3rd Drive**  
City **Coral Springs** FL Zip Code **33071**

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 **Carol Martinez** DATE **Jan. 13, 2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$100.00</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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MGRM  
Carol Martinez  
11860 NW 3rd Drive  
Coral Springs, FL 33071

500046085975  
02/07/05--01035--006 \*\*105.00

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: **Carol Martinez** DATE **Jan 13, 2005** 954-554-2098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #