

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000052979

**FILED**  
**Nov 11, 2008**  
**Secretary of State**

**Entity Name:** OSVALDO RIVERA CARPETS, LLC

**Current Principal Place of Business:**

2519 NEWBOLT DR.  
ORLANDO, FL 328172625

**New Principal Place of Business:**

8031 TOMPSKING SQUARE  
ORLANDO, FL 32807

**Current Mailing Address:**

2519 NEWBOLT DR.  
ORLANDO, FL 328172625

**New Mailing Address:**

8031 TOMPSKING SQUARE  
ORLANDO, FL 32807

**FEI Number:** 93-1335521      **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:**

RIVERA, OSVALDO  
2519 NEWBOLT DR.  
ORLANDO, FL 328172625 US

**Name and Address of New Registered Agent:**

RIVERA, OSVALDO  
8031 TOMPSKING SQUARE  
ORLANDO, FL 32807 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: OSVALDO RIVERA

11/11/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RIVERA, OSVALDO  
Address: 2519 NEWBOLT DR.  
City-St-Zip: ORLANDO, FL 328172625

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RIVERA, OSVALDO  
Address: 8031 TOMPSKING SQUARE  
City-St-Zip: ORLANDO, FL 32807

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: OSVALDO RIVERA

MGRM

11/11/2008

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