

# 2025 LIMITED LIABILITY COMPANY REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     |                                                                                   |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L03000053664</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |  |                                                                   |
| 1. Entity Name<br>H.P. BROTHERS, L.L.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                     |                                                                                   |                                                                   |
| Principal Place of Business<br>11620 N.W. 43RD TERR.<br>MIAMI, FL 33178                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                     | Mailing Address<br>11620 N.W. 43RD TERR.<br>MIAMI, FL 33178                       |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     | 3. Mailing Address                                                                |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     | Suite, Apt. #, etc.                                                               |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                     | City & State                                                                      |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                                             | Zip                                                                               | Country                                                           |
| 5. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     | 7. Name and Address of New Registered Agent                                       |                                                                   |
| PEREZ, OGLAMAR<br>11620 N.W. 43RD TERR.<br>MIAMI, FL 33178                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 <i>Oglamar Perez</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     | DATE <i>6/30/05</i>                                                               |                                                                   |
| FILE NOW!! FEE IS \$200.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     | Make check payable to<br>Florida Department of State                              |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                     | 10. ADDITIONS/CHANGES                                                             |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br>HENRIQUEZ, YOBET<br>11620 N.W. 43RD TERR.<br>MIAMI, FL 33178 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>PEREZ, OGLAMAR<br>11620 N.W. 43RD TERR.<br>MIAMI, FL 33178 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <i>Oglamar Perez</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     | DATE: <i>6/30/05</i>                                                              |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                     | Date                                                                              |                                                                   |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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06302005 REIN-LLC CR2E101 (6/04)

4. FEI Number *20-0772664* Applied For  
Not Applicable

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

REINSTATEMENT *04-05*

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