

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000054119

FILED
Nov 11, 2004
Secretary of State

Entity Name: TORRES HAND RAILING, LLC

Current Principal Place of Business:

4516 N.W. 191 TERRACE
OPA LOCKA, FL 33055 US

New Principal Place of Business:

2740 W 63 PL.; BLDG.25
APT. 24
HIALEAH, FL 33016 US

Current Mailing Address:

4516 N.W. 191 TERRACE
OPA LOCKA, FL 33055 US

New Mailing Address:

2740 W 63 PL. BLDG. 25
APT. 24
HIALEAH, FL 33016 US

FEI Number: 20-0502580 **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:

VALDES, JESUS
4516 N.W. 191 TERRACE
OPA LOCKA, FL 33055 US

Name and Address of New Registered Agent:

VALDES, JESUS
2740 W 63 PL. BLDG. 25
APT. 24
HIALEAH, FL 33016 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: JESUS VALDES

11/11/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: VALDES, JESUS
Address: 4516 N.W. 191 TERRACE
City-St-Zip: OPA LOCKA, FL 33055 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VALDES, JESUS
Address: 2740 W 63 PL. BLDG. 25 APT. 24
City-St-Zip: HIALEAH, FL 33016 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JESUS VALDES

MGRM

11/11/2004

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