

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000002445

**FILED**  
**Nov 06, 2009**  
**Secretary of State**

**Entity Name:** ARTURO TRIANA FLOORING LLC

**Current Principal Place of Business:**

13206 SOUTHWEST 87 TERRACE  
MIAMI, FL 33183 US

**New Principal Place of Business:**

**Current Mailing Address:**

13206 SOUTHWEST 87 TERRACE  
MIAMI, FL 33183 US

**New Mailing Address:**

FEI Number: 84-1637906      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:**

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

TRIANA, ARTURO  
13206 S.W. 87 TERRACE  
MIAMI, FL 33183 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: ARTURO TRIANA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TRIANA, ARTURO  
Address: 13206 S.W. 87 TERRACE  
City-St-Zip: MIAMI, FL 33183

Title: MGRM ( ) Delete  
Name: SUAREZ, SONIA  
Address: 13206 S.W. 87 TERRACE  
City-St-Zip: MIAMI, FL 33183

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ARTURO TRIANA

M

11/06/2009

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