

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000003768

1. Entity Name
WILTYWYCK, LLC



Principal Place of Business
4642 NORTH HIATUS RD
SUNRISE, FL 33351

Mailing Address
4642 NORTH HIATUS RD
SUNRISE, FL 33351

2. Principal Place of Business - No P.O. Box #
1414 NW 82 Avenue
Suite, Apt. #, etc.

3. Mailing Address
1414 NW 82 Avenue
Suite, Apt. #, etc.



02152008 REIN-LLC CR2E101 (1/07)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
20-0632175

Applied For
Not Applicable

Zip
33126

Country
EEUU

Zip
33126

Country
EEUU

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

6. Name and Address of Current Registered Agent

GBS CONSULTANTS
1290 WESTON RD, STE 306
WESTON, FL 33326

7. Name and Address of New Registered Agent

Name GBS Consultants, Inc.

Street Address (P.O. Box Number is Not Acceptable)
18501 Pines Blvd Suite 201

City Pembroke Pines FL Zip Code 33029

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

Signature, typed or printed name of the registered agent and title if applicable.

JORGE FERNANDEZ V.P

3/24/2008

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM NOBLE, ANDRES ☐ Delete
STREET ADDRESS 4642 NORTH HIATUS RD
CITY-ST-ZIP SUNRISE, FL 33351

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM ANDRES NOBLE ☒ Change ☐ Addition
STREET ADDRESS 1414 NW 82 Avenue
CITY-ST-ZIP Miami, FL 33126

TITLE NAME MGRM EDGARDO Liberman ☐ Change ☒ Addition
STREET ADDRESS 1414 NW 82 Avenue
CITY-ST-ZIP Miami, FL 33126

TITLE NAME MGRM JULIAN clusellas ☐ Change ☒ Addition
STREET ADDRESS 1414 NW 82 Avenue
CITY-ST-ZIP Miami, FL 33126

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300118847873
CITY-ST-ZIP 02/26/08--01027--010 **277.50

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-15-2008

4546598835

Date

Daytime Phone #

FILED

08 APR -3 PM 1:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 07.08
w/o