


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000020737 1. Entity Name 6555 BUILDERS LLC					
Principal Place of Business 6555 NW 36 STREET, SUITE 303 VIRGINA GARDENS, FL 33166			Mailing Address 6555 NW 36 STREET, SUITE 303 VIRGINA GARDENS, FL 33166		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address BK 07			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MARCANO, RUBEN E 6555 NW 36 STREET SUITE 303 VIRGINIA GARDENS, FL 33160				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARCANO, RUBEN E <input type="checkbox"/> Delete 6555 NW 36 STREET SUITE 303 VIRGINA GARDENS, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; border: 1px solid black; padding: 5px;"> 000118440400 02/20/08--01022--017 **\$277.50 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ, OMAR H <input type="checkbox"/> Delete 6555 NW 36 STREET SUITE 303 VIRGINA GARDENS, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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: Date Daytime Phone # <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

FILED

08 FEB 12 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02112008 REIN-LLC CR2E101 (1/07)

4. FEI Number
APPLIED FOR ☐ Applied For
☐ Not Applicable

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

REINSTATEMENT 2007-2008