

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000021719

1. Entity Name
RIO CLEANING COMPANY, LLC



FILED

2009 FEB -3 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
73 NE 3RD AVENUE
DEERFIELD BEACH, FL 33443 US

Mailing Address
P.O. BOX 5879
NEWARK, NJ 07105 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262009 REIN-LLC CR2E101 (1/07)

4. FEI Number
55-0865821

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEINBERGER, ROBERT M
712 U.S. HIGHWAY ONE, SUITE 400
NORTH PALM BEACH, FL 33408

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

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

(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

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME COVAS, ALBERT
STREET ADDRESS 350 ADAMS STREET
CITY- ST- ZIP NEWARK, NJ 07105

TITLE ☐ Change ☐ Addition
NAME 500142709665
STREET ADDRESS 02/03/09--01011--019 **278.00
CITY- ST- ZIP

TITLE MGRM ☐ Delete
NAME LLANO, JOSE
STREET ADDRESS 350 ADAMS STREET
CITY- ST- ZIP NEWARK, NJ 07105

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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:

ALBERT COVAS

1/26/09

973-589-0057

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

Date

Daytime Phone #