

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L04000030859**

1. Entity Name  
**L & Y FASHION LLC**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JAN -3 AM 10:13

Principal Place of Business  
**27873 S DIXIE HWY  
NARANJA, FL 33032-8129**

Mailing Address  
**27873 S DIXIE HWY  
NARANJA, FL 33032-8129**

2. Principal Place of Business  
**27455 S Dixie Hwy**  
Suite, Apt. #, etc.  
**Booth # 334**

3. Mailing Address  
**12674 SW 190th**  
Suite, Apt. #, etc.

City & State  
**Naranja Florida**

City & State  
**Miami Florida**

Zip  
**33032**

Country  
**DA DR**

Zip  
**33177**

Country



12122005 REIN-LLC CR2E101 (6/04)

4. FEI Number  
**43-2057056**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**SONY, YTIEMA  
12674 SW 190TH TER  
MIAMI, FL 33177-3836**

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 *Ytiema Sony* *Ytiema Sony* **12/21/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) (DATE)

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2006, Fee will be \$100.00**

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	MGRM SONY, YTIEMA 12674 SW 190TH TER MIAMI, FL 331773836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300063964253</b> <b>01/18/06--01047--014 **155.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SONY, LUCSON 12674 SW 190TH TER MIAMI, FL 331773836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATEMENT 05-06</b>
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
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 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 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:** *Ytiema Sony* **12/21/05** **305 224-3495**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #