

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000065388

Entity Name: VIRO ENTERPRISES LLC

FILED  
Oct 20, 2005  
Secretary of State

**Current Principal Place of Business:**

9949 NORTHWEST 89TH AVENUE, BAY 10  
MEDLEY, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

9949 NORTHWEST 89TH AVENUE, BAY 10  
MEDLEY, FL 33178

**New Mailing Address:**

FEI Number: 34-2015073      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:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: ELSIE SANCHEZ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: RODRIGUEZ, ROLGUES  
Address: 9949 NORTHWEST 89TH AVENUE, BAY 10  
City-St-Zip: MEDLEY, FL 33178

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

Title: MGR ( ) Delete  
Name: VILA, ERNESTO  
Address: 9949 NORTHWEST 89TH AVENUE, BAY 10  
City-St-Zip: MEDLEY, FL 33178

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROLGUES RODRIGUEZ

VP

10/20/2005

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