

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 NOV 22 AM 10:14

DOCUMENT # L04000091397

1. Entity Name  
MILLENNIUM TECH, L.L.C.



Principal Place of Business  
14201 S.W. 248 STREET  
REDLANDS, FL 33032

Mailing Address  
14201 S.W. 248 STREET  
REDLANDS, FL 33032

2. Principal Place of Business

3. Mailing Address  
2650 BISCAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11162005 REIN-LLC CR2E101 (6/04)

City & State

City & State  
MIAMI, FL

4. FEI Number  
20-3036727

Applied For  
Not Applicable

Zip

Country

Zip  
33137

Country  
USA

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

SANDBERG, NEAL L  
2650 BISCAYNE BLVD.  
MIAMI, FL 33137

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 (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  
MGRM  
MESTRE, TOM  
STREET ADDRESS  
14201 S.W. 248 STREET  
CITY - ST - ZIP  
REDLANDS, FL 33032 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
11/22/05--01005--009 \*\*\$0.00 ☐ Change ☐ Addition

TITLE  
NAME  
MGRM  
ALVAREZ, FRANK  
STREET ADDRESS  
5161 COLLINS AVENUE, UNIT 303  
CITY - ST - ZIP  
MIAMI BEACH, FL 33140 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

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

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

Date

Daytime Phone #