

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000004604

1. Entity Name
ADRIALEX OF MIAMI, LLC



Principal Place of Business
721 SALDANO AVENUE
CORAL GABLES, FL 33143

Mailing Address
721 SALDANO AVENUE
CORAL GABLES, FL 33143

FILED
07 DEC -6 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12042007 REIN-LLC CR2E101 (1/07)

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

4. FEI Number

26-1508698

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

PORTUONDO, FERNANDO J
2121 PONCE DE LEON BLVD., SUITE 600
CORAL GABLES, FL 33134

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 \$50.00
After January 1, 2008, 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 MGRM
NAME PERAZA, VIVIAN
STREET ADDRESS 721 SALDANO AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200112953162
12/10/07--01003--008 **50.00

TITLE MGRM
NAME JOSEFINA PERAZA, ORLAIDA
STREET ADDRESS 721 SALDANO AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33143 ☐ Delete

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

TITLE MGRM
NAME ANTONIO PERAZA, FIDEL
STREET ADDRESS 721 SALDANO AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33143 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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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 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 recorder 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 #

REINSTATEMENT

2007

12/10/07

205-266-1058