

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000011816

FILED
Oct 14, 2008
Secretary of State

Entity Name: FLORENADA ENTERPRISES "LLC"

Current Principal Place of Business:

4450 NE 45TH AV
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

4450 NE 15 AVE
OAKLAND PARK, FL 33334

New Mailing Address:

FEI Number: 20-2741146 **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:

DRLJEVIC, IVAN
4450 NE 15 AVE.
OAKLAND PARK, FL 33334 US

Name and Address of New Registered Agent:

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: IVAN DRLJEVIC

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DRLJEVIC, IVAN
Address: 4450 NE 15 AVE
City-St-Zip: OAKLAND PARK, FL 33334

Title: MGRM () Delete
Name: DRLJEVIC, GJILJANA
Address: 4450 NE 15 AVE
City-St-Zip: OAKLAND PARK, FL 33334

Title: MGRM () Delete
Name: DRLJEVIC, VLADISLAV
Address: 4450 NE 15 AVE
City-St-Zip: OAKLAND PARK, FL 33334

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: IVAN DRLJEVIC

MGR

10/14/2008

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