

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000016449

Entity Name: MAQUEIRA, L.L.C.

**FILED**  
**Oct 16, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

419 CACTUS DRIVE  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

419 CACTUS DRIVE  
KEY WEST, FL 33040

**New Mailing Address:**

8105 NW 155TH STREET  
MIAMI LAKES, FL 33016

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GASTESI, RAUL  
8105 N.W. 155TH STREET  
MIAMI LAKES, FL 33016 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: RAUL GASTESI, JR.

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MAQUEIRA, JUSTO  
Address: 419 CACTUS DRIVE  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MAQUEIRA, JUSTO  
Address: 419 CACTUS DRIVE  
City-St-Zip: KEY WEST, FL 33040

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: JUSTO MAQUEIRA

MGRM

10/16/2007

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