

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000070866

**FILED**  
**Oct 28, 2008**  
**Secretary of State**

**Entity Name:** PAOLINI'S STAIRS & FLOORS, L.L.C.

**Current Principal Place of Business:**

9808 NW 80TH AVE  
SUITE K10  
HIALEAH, FL 33016

**New Principal Place of Business:**

9821 NW 80TH AVE  
SUITE 5N & 5O  
HIALEAH, FL 33016

**Current Mailing Address:**

9808 NW 80TH AVE  
SUITE K10  
HIALEAH, FL 33016

**New Mailing Address:**

9821 NW 80TH AVE  
SUITE 5N & 5O  
HIALEAH, FL 33016

**FEI Number:** 59-3830217

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAMIREZ, GUSTAVO A  
240 85 STREET  
2  
MIAMI BEACH, FL 33141 US

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

RAMIREZ, GUSTAVO A  
1590 NW 128 DR APARTMENT 2  
201  
SUNRISE, FL 33323 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: GUSTAVO RAMIREZ

10/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RAMIREZ, GUSTAVO A  
Address: 240 85 ST SUTE 2  
City-St-Zip: MIAMI BEACH, FL 33141

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: RAMIREZ, GUSTAVO A  
Address: 1590 NW 128 DR APARTMENT 2  
City-St-Zip: SUNRISE, FL 33323

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: GUSTAVO RAMIREZ

MGR

10/28/2008

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