

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000070866

FILED
Oct 13, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 59-3830217 **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:

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

Name and Address of New Registered Agent:

RAMIREZ, GUSTAVO A
7501 EAST TREASURE DR
6/N
NORTH BAY VILLAGE, FL 33141 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

10/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RAMIREZ, GUSTAVO A
Address: 7501 EAST TREASURE DR APART 6 N
City-St-Zip: NORTH BAY VILLAGE, FL 33141

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

10/13/2009

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