

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000082274

1. Entity Name
ALFARO, LLC



FILED

07 MAY -8 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1926 N. JOHN YOUNG PARKWAY
123
KISSIMMEE, FL 34741 US

Mailing Address
1926 N. JOHN YOUNG PARKWAY
123
KISSIMMEE, FL 34741 US

BK



2. Principal Place of Business - No P.O. Box #

6710 WEST 24 COURT

3. Mailing Address

same

05072007 REIN-LLC

CR2E101 (1/07)

Suite, Apt. #, etc.
#103

Suite, Apt. #, etc.

City & State

Hialeah, FLA.

City & State

Zip
33016

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, RENEE
1100 RIDGE ROAD
LONGWOOD, FL 32750

BK

7. Name and Address of New Registered Agent

Name PEDRO LUIS ALFARO

Street Address (P.O. Box Number is Not Acceptable)

6710 WEST 24 COURT, #103

City Hialeah

FL

Zip Code 33016

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

Pedro L. Alfaro

Pedro L. ALFARO

05/07/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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

TITLE MGR
NAME ALFARO, PEDRO
STREET ADDRESS 1926 N. JOHN YOUNG PARKWAY # 123
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

change Address Only
NAME ALFARO, PEDRO
STREET ADDRESS 6710 WEST 24 COURT, # 103
CITY-ST-ZIP Hialeah, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Pedro L. Alfaro

Pedro L. ALFARO

05/07/07

(305) 491-8464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REINSTATEMENT 2006-2007

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