

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000109577

1. Entity Name  
AMERICAN SERVICES AND PRODUCTS LLC



FILED

08 DEC 30 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

10711 S.W. 216 STREET  
101  
MIAMI, FL 33170 US

Mailing Address

10711 S.W. 216 STREET  
101  
MIAMI, FL 33170 US

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

10711 SW 216 street

3. Mailing Address

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33170

Country

USA

Zip

Country

12262008 REIN-LLC

CR2E101 (1/07)

4. FEI Number

51-0559445

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COELHO, WALTER T PRES  
10711 S.W. 216 STREET American Services And Products  
101 10711 SW 216th Street, Suite 101  
MIAMI, FL 33170 Miami, FL 33170 USA  
Tel. (305) 432.3612

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Walter Coelho - WALTER COELHO

26 DEC 2008

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75  
After January 1, 2009, Fee will be \$377.50

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME COELHO, WALTER T  
STREET ADDRESS 22157 SW 89TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33190 ☐ Delete

TITLE MGRM  
NAME COELHO, VIVIAN R  
STREET ADDRESS 22157 SW 89TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33190 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
200139377332  
12/30/08--01084--008 \*\*243.75

TITLE PRESIDENT / OWNER  
NAME VIVIAN RAMSEY COELHO  
STREET ADDRESS 22157 SW 89 AVE  
CITY-ST-ZIP MIAMI, FL 33190 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Walter Coelho - WALTER COELHO

26 DEC 08

(305)

432 3612

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

Date

Daytime Phone #