

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000110662

Entity Name: E.R.J. ENTERPRISES, LLC

**FILED**  
**Sep 02, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

4620 NW 30 STREET  
COCONUT CREEK, FL 33063 US

**New Principal Place of Business:**

**Current Mailing Address:**

4620 NW 30 STREET  
COCONUT CREEK, FL 33063 US

**New Mailing Address:**

FEI Number: 20-4900747      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:**

FERNANDES, EDUARDO  
4620 NW 30 STREET  
COCONUT CREEK, FL 33063 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: EDUARDO F FERNANDES

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FERNANDES, EDUARDO  
Address: 4620 NW 30 STREET  
City-St-Zip: COCONUT CREEK, FL 33063 US

Title: MGR ( ) Delete  
Name: CRUZ-FERNANDES, RONILDA  
Address: 4620 NW 30 STREET  
City-St-Zip: COCONUT CREEK, FL 33063 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: EDUARDO F FERNANDES

MGRM

09/02/2008

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