

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000113611

Entity Name: IRIE-STYLE WHEELS LLC

FILED
Oct 09, 2008
Secretary of State

Current Principal Place of Business:

19477 NE 10TH AVE SUITE 229
SUITE 229
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

19477 NE 10TH AVE SUITE 229
SUITE 229
MIAMI, FL 33179

New Mailing Address:

FEI Number: 01-0850831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LATTY, DENZLE G ESQ
ONE EAST BROWARD BOULEVARD SUITE 604
WACHOVIA TOWER SUITE 604
FORT LAUDERDALE, FL 33301 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: DL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCHARDY, CHRISTOPHER A
Address: 19477 NE 10TH AVE SUITE 229
City-St-Zip: MIAMI, FL 33179

Title: MGRM () Delete
Name: MCHARDY, SHERRY-ANN
Address: 19477 NE 10TH AVE SUITE 229
City-St-Zip: MIAMI, FL 33179

Title: MGRM () Delete
Name: ROACHE, LEACH
Address: 19477 NE 10TH AVE SUITE 229
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES:

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

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: CM

MGRM

10/09/2008

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