

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000006346

**FILED**  
**Oct 05, 2007**  
**Secretary of State**

**Entity Name:** MERCEDES AUTO CARE AND CONSULTANTS, LLC

**Current Principal Place of Business:**

5140 SW 159 AVE  
MIAMI, FL 33185

**New Principal Place of Business:**

5844 COMMERCE LN  
MIAMI, FL 33143

**Current Mailing Address:**

5140 SW 159 AVE  
MIAMI, FL 33185

**New Mailing Address:**

**FEI Number:** 20-4084217      **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:**

**Name and Address of New Registered Agent:**

GAVIRIA, JORGE  
9769 S. DIXIE HWY 101  
MIAMI, FL 33156      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:** JORGE GAVIRIA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** RUIZ, LESTER  
**Address:** 5140 SW 159 AVE  
**City-St-Zip:** MIAMI, FL 33185

**ADDITIONS/CHANGES:**

**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:** LESTER RUIZ

MGR

10/05/2007

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