

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 APR 10 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000030425 1. Entity Name VALMAR HOMES, LLC	
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Principal Place of Business 2681 NEWMARK DR DELTONA, FL 32738 US	Mailing Address 2681 NEWMARK DR DELTONA, FL 32738 US
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2. Principal Place of Business - No P.O. Box # 11220 SW 157th ST. Suite, Apt. #, etc.	3. Mailing Address 11220 SW 157th ST. Suite, Apt. #, etc.
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City & State MIAMI, Florida	City & State MIAMI, FL
Zip 33157	Country USA



03312008 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent VALDERRAMA PARTNERS, LLC 1870 PROVIDENCE BLVD. SUITE K DELTONA, FL 32725	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Paul Valdes* DATE 4-1-08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$277.50	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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME	MGR VALDEZ, RAUL C <input type="checkbox"/> Delete	TITLE NAME	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VALDEZ, RAUL C
STREET ADDRESS	2681 NEWMARK DR	STREET ADDRESS	6610 S.W. 127th PATH, MIAMI, FL 33183
CITY-ST-ZIP	DELTONA, FL 32725	CITY-ST-ZIP	MIAMI, FL 33183
TITLE NAME	MGR <input checked="" type="checkbox"/> Delete MARRERO, SANDRA	TITLE NAME	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ELDA ROSA NUÑEZ
STREET ADDRESS	2681 NEWMARK DR	STREET ADDRESS	11220 SW 157th, MIAMI, FL
CITY-ST-ZIP	DELTONA, FL 32725	CITY-ST-ZIP	33157
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	MAIL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BERNARDO YANSEL QUIJA DAS
STREET ADDRESS		STREET ADDRESS	11220 SW 157th, MIAMI, FL
CITY-ST-ZIP		CITY-ST-ZIP	33157
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANTONIO PETERS
STREET ADDRESS		STREET ADDRESS	10031 SW 46 TERR. MIAMI, FL
CITY-ST-ZIP		CITY-ST-ZIP	33185
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	200122770402
CITY-ST-ZIP		CITY-ST-ZIP	04/10/08--01004--003 **277.50
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	07-08
CITY-ST-ZIP		CITY-ST-ZIP	

REINSTATEMENT

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: *Paul Valdes* DATE 4-1-08 DAYTIME PHONE # 786-712-1104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #