

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 OCT 17 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09282007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L06000032083 1. Entity Name ARE BENDING LLC					
Principal Place of Business 1729 PIERSIDE CIRCLE WELLINGTON, FL 33414			Mailing Address 1729 PIERSIDE CIRCLE WELLINGTON, FL 33414		
2. Principal Place of Business - No P.O. Box # 1724 Pierside Cr Suite, Apt. #, etc. Wellington		3. Mailing Address 1724 Pierside Cr Suite, Apt. #, etc. Wellington			
City & State Wellington FL		City & State Wellington FL		4. FEI Number 20-4594288	
Zip 33414		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DELGADO, RICARDO 1729 PIERSIDE CIRCLE WELLINGTON, FL 33414			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		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	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DELGADO, RICARDO 1729 PIERSIDE CIRCLE WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200110598862 10/10/07--01041--001 **100.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER Lissette MORENO 1724 Pierside Cr Wellington FL 33414		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DB	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:			10/2/07 561-693-8029		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					