

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000046841

FILED
Dec 02, 2008
Secretary of State

Entity Name: ULTIMATE EFFECTS LLC

Current Principal Place of Business:

13349 S.W. 283RD STREET
HOMESTEAD, FL 330337381

New Principal Place of Business:

19800 SW 180TH AVE
LOT # 16
MIAMI, FL 33187

Current Mailing Address:

13349 S.W. 283RD STREET
HOMESTEAD, FL 330337381

New Mailing Address:

19800 SW 180TH AVE
LOT # 16
MIAMI, FL 33187

FEI Number: 02-0775257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAIQUEZ, ERNESTO
13349 S.W. 283RD STREET
HOMESTEAD, FL 330337381 US

Name and Address of New Registered Agent:

MAIQUEZ, ERNESTO
19800 SW 180TH AVE
LOT # 16
MIAMI, FL 33187 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: ERNESTO MAIQUEZ

12/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MAIQUEZ, ERNESTO
Address: 13349 S.W. 283RD STREET
City-St-Zip: HOMESTEAD, FL 330337381

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRE (X) Change () Addition
Name: MAIQUEZ, ERNESTO
Address: 19800 SW 180TH AVE LOT # 16
City-St-Zip: MIAMI, FL 33187

Title: MGR () Change (X) Addition
Name: MAIQUEZ, MARIA L
Address: 19800 SW 180TH AVE LOT # 16
City-St-Zip: MIAMI, FL 33187

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: MARIA L MAIQUEZ

MGR

12/02/2008

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