

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000050111

1. Entity Name
VALDEZ BLOCK & MASONRY, LLC



FILLED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 21 PM 2:13

Principal Place of Business
21 LAKE JACKSON DRIVE
MASCOTTE, FL 34753 US

Mailing Address
21 LAKE JACKSON DRIVE
MASCOTTE, FL 34753 US

2. Principal Place of Business - No P.O. Box #
same as above

3. Mailing Address
same as above



02142008 REIN-LLC CR2E101 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
20-4874513

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

GARCIA, RAYMUNDO V
21 LAKE JACKSON DRIVE
MASCOTTE, FL 34753

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 *Raymundo Valdez*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-19-08
DATE

FILE NOW!!! FEE IS \$377.50

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
VALDEZ, RAYMUNDO G
21 LAKE JACKSON DRIVE
MASCOTTE, FL 34753 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
VALDEZ, ROSARIO C
21 LAKE JACKSON DRIVE
MASCOTTE, FL 34753 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800118551548
02/21/08--01034--009 *382.50**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

REINSTATEMENT

07-08

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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: *Raymundo Valdez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/19/08 *352-557-4297*
Date Daytime Phone #

Cell 352-267-0096