

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000059338

Entity Name: OWI CONTRACTORS LLC

**FILED**  
**Oct 21, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1872 SW 17 AVENUE  
MIAMI, FL 33145

**New Principal Place of Business:**

7210 NW 174 TERR  
UNIT 103  
HIALEAH, FL 33015

**Current Mailing Address:**

1872 SW 17 AVENUE  
MIAMI, FL 33145

**New Mailing Address:**

P.O. BOX 170262  
HIALEAH, FL 33017

FEI Number: 20-5122188      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

IPINA, OSCAR  
1872 SW 17 AVENUE  
MIAMI, FL 33145      US

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

IPINA, OSCAR  
7210 NW 174 TERR  
UNIT 103  
HIALEAH, FL 33015      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: OSCAR IPINA

10/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: IPINA, OSCAR  
Address: 1872 SW 17 AVENUE  
City-St-Zip: MIAMI, FL 33145

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: IPINA, OSCAR  
Address: 7210 NW 174 TERR UNIT 103  
City-St-Zip: HIALEAH, FL 33015

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: OSCAR IPINA

MGR

10/21/2009

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