

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000089224

1. Entity Name
ALL AMERICAN DECO USA, LLC



Principal Place of Business
13990 NW 6 COURT
NORTH MIAMI, FL 33168

Mailing Address
13990 NW 6 COURT
NORTH MIAMI, FL 33168

2. Principal Place of Business - No P.O. Box #
1311 PIZONTO ST.
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Coral Gables, FL
Zip
33134
Country

City & State
Zip
Country

02122008 REIN-LLC CR2E101 (1/07)

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ORTEGA, MARIA E
13990 NW 6 COURT
NORTH MIAMI, FL 33168

7. Name and Address of New Registered Agent

Name
CARLA E ORTEGA
Street Address (P.O. Box Number is Not Acceptable)
1311 PIZONTO ST.
City
Coral Gables FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02-12-08

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

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ORTEGA, CARLOS E
13990 NW 6 COURT
NORTH MIAMI, FL 33168 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MILLAN, CARLOS
13990 NW 6 COURT
NORTH MIAMI, FL 33168 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400118440384
02/20/08--01022--016 **277.50

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

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

02-12-08

REINSTATEMENT 2007-2008

FILED
08 FEB 13 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

