

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000105676

1. Entity Name  
ALVAREZ & HORNFIELD, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 OCT 17 PM 4:06

Principal Place of Business  
18253 SW 142 COURT  
MIAMI, FL 33177-7613

Mailing Address  
18253 SW 142 COURT  
MIAMI, FL 33177-7613

2. Principal Place of Business - No P.O. Box #  
18253 SW 142 CT.

3. Mailing Address  
18253 SW 142 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.



10042007 REIN-LLC CR2E101 (1/07)

City & State  
MIAMI

City & State  
MIAMI

4. FEI Number

Applied For

Not Applicable

Zip  
FL

Country  
33177

Zip  
FL

Country  
33177

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVAREZ, BEATRIZ  
18253 SW 142 COURT  
MIAMI, FL 33177-7613

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/03/07

FILE NOW!!! FEE IS \$150.00  
After January 1, 2008, Fee will be \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME ALVAREZ, BEATRIZ  
STREET ADDRESS 18253 SW 142 COURT  
CITY-ST-ZIP MIAMI, FL 331777613

TITLE ☐ Change ☐ Addition  
NAME 300110599843  
STREET ADDRESS 10/10/07--01041--018 \*\*150.00  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME HORNFIELD, ZULMA  
STREET ADDRESS 18253 SW 142 COURT  
CITY-ST-ZIP MIAMI, FL 331777613

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

REINSTATEMENT 2007

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 #

10/03/07 305/235-4219