

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

08 OCT 21 AM 11:07

DOCUMENT # L06000121417

1. Entity Name  
VELOUHI, LLC



Principal Place of Business  
1434 COLLINS AVENUE  
MIAMI BEACH, FL 33139 US

Mailing Address  
1434 COLLINS AVENUE  
MIAMI BEACH, FL 33139 US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10092008 REIN-LLC

CR2E101 (1/07)

City & State

City & State

4. FEI Number  
NOT APPLICABLE

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

7. Name and Address of New Registered Agent

KENOL, RALPH ESQ.  
2120 TYLER STREET  
HOLLYWOOD, FL 33020

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)

10/09/08  
DATE

**FILE NOW!!! FEE IS \$138.75**  
**After January 1, 2009, Fee will be \$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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PAPPAS, CHRISTOS K  
3175 NE 184TH STREET, APT. 3302  
AVENTURA, FL 33160 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GIOLDASIS, DIMITRIOS G  
6365 COLLINS AVENUE, APT. 3509  
MIAMI BEACH, FL 33141 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100137110221  
10/21/08--01011--002 \*\*143.75 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP  
☐ 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: christos k pappas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10-9-2008-3055026110