

REINSTATEMENT

DOCUMENT # L07000018288

1. Entity Name
TOLUACREATIVE, LLC



FILED

09 MAR -3 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2101 BRICKELL AVENUE
912
MIAMI, FL 33129

Mailing Address
2101 BRICKELL AVENUE
912
MIAMI, FL 33129

2. Principal Place of Business - No P.O. Box #
426 GERONDA AVE
Suite, Apt. #, etc.

3. Mailing Address
426 GERONDA AVE
Suite, Apt. #, etc.



02062009 REIN-LLC CR2E101 (1/07)

City & State
CORAL GABLES, FL
Zip
33146
Country

City & State
CORAL GABLES, FL
Zip
33146
Country

4. FEI Number
26-1223143
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CUARTAS, CONSTANZA
2101 BRICKELL AVENUE
912
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
426 GERONDA AVE
City CORAL GABLES FL Zip Code 33146

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 *Constanza Waites*

02/06/09

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
CUARTAS, CONSTANZA
2101 BRICKELL AVENUE, #912
MIAMI, FL 33129 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
426 GERONDA AVE
CORAL GABLES, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200144876622
03/03/09-01032-011 **277.50

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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REINSTATEMENT
MST

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 *Constanza Waites*

02/06/09