

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000047419

FILED
Nov 12, 2008
Secretary of State

Entity Name: MULTICOLORS CONSTRUCTION SERVICES LLC

Current Principal Place of Business:

750 85 ST SUITE 4
MIAMI BEACH, FL 33141

New Principal Place of Business:

237 PARADISE WOODS CT
DAVENPORT, FL 33896 US

Current Mailing Address:

750 85 ST
APT 4
MIAMI BEACH, FL 33141

New Mailing Address:

237 PARADISE WOODS CT
DAVENPORT, FL 33896 US

FEI Number: 20-8979052 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

HENRIQUEZ, JUAN MANUEL
750 85 ST
APT 4
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

HENRIQUEZ, JUAN MANUEL
237 PARADISE WOODS CT
DAVENPORT, FL 33896 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: JUAN MANUEL HENRIQUEZ

11/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HENRIQUEZ, JUAN MANUEL
Address: 750 85 ST APT 4
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HENRIQUEZ, JUAN MANUEL
Address: 237 PARADISE WOODS CT
City-St-Zip: DAVENPORT, FL 33896 US

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: JUAN MANUEL HENRIQUEZ

MGR

11/12/2008

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