

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000083844

FILED
Oct 28, 2008
Secretary of State

Entity Name: FAUSTINE SERVICES PLUS LLC

Current Principal Place of Business:

232 WASHINGTON AVE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

P O BOX 901581
HOMESTEAD, FL 33090

New Mailing Address:

FEI Number: 26-0723056 **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:

Name and Address of New Registered Agent:

CRUZ, FAUSTINO A
513 NW 5TH AVE
1018
FLORIDA CITY, FL 33034 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: FAUSTINO A. CRUZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: CRUZ, FAUSTINO A
Address: 513 NW 5TH AVE #1018
City-St-Zip: FLORIDA CITY, FL 33034

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: BAEZ, GRISELDA M
Address: 513 NW 5TH AVE #1018
City-St-Zip: FLORIDA CITY, FL 33034

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FAUSTINO A. CRZ

MGR

10/28/2008

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