

FROM : LAZARUS

FAX NO. : 3052201440

Jan. 07 2009 04:04PM P1

**2009 LIMITED LIABILITY COMPANY
REINSTATEMENT**

DOCUMENT # L07000089088

1. Entity Name
ANDES MAR LLCPrincipal Place of Business
5224 N.W. 103RD AVENUE
DORAL, FL 33170Mailing Address
5224 N.W. 103RD AVENUE
DORAL, FL 33178

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072009

REIN-LLC

CR2E101 (1/07)

4. FEI Number

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROACH, PERCY
5224 N.W. 103RD AVENUE
DORAL, FL 33178

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, 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

1/8/2009

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

MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGIRM
ROACH, PERCY
5224 N.W. 103RD AVENUE
DORAL, FL 33178 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition
300140344633
01/12/09--01003--021 ***416.25TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition**REINSTATEMENT 2008-2009**

I, 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 #

1/8/2009 264-5397

(305)

FILED
09 JAN 12 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA