

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000107580

Entity Name: PROMEX, LLC

FILED
Dec 07, 2009
Secretary of State

Current Principal Place of Business:

16311 NW 52 AVE
MIAMI, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

16311 NW 52 AVE
MIAMI, FL 33014 US

New Mailing Address:

FEI Number: 26-1297605 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:

EUSTAQUIO, YOLANDA
16311 NW 52 AVE
MIAMI, FL 33014 US

Name and Address of New Registered Agent:

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: YOLANDA EUSTAQUIO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EUSTAQUIO, YOLANDA
Address: 16311 NW 52 AVE
City-St-Zip: MIAMI, FL 33014 US

Title: MGRM () Delete
Name: AVILA, PRISCILLA
Address: 16311 NW 52 AVE
City-St-Zip: MIAMI, FL 33014 US

Title: MGRM () Delete
Name: AVILA, ALEXANDER
Address: 16311 NW 52 AVE
City-St-Zip: MIAMI, FL 33014 US

ADDITIONS/CHANGES:

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

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

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: YOLANDA EUSTAQUIO

MGRM

12/07/2009

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