

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000113146

**FILED**  
**Jul 27, 2012**  
**Secretary of State**

**Entity Name:** ALC WELDING PRODUCTS, LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD., SUITE 1050  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

69100 NW 50 STREET  
SUITE 13100  
MIAMI, FL 33166

**Current Mailing Address:**

2121 PONCE DE LEON BLVD., SUITE 1050  
CORAL GABLES, FL 33134

**New Mailing Address:**

69100 NW 50 STREET  
SUITE 13100  
MIAMI, FL 33166

**FEI Number:** 26-1981601

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD., SUITE 1050  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

SIMA ACCOUNTING SERVICES INC.  
6110 SW 24 STREET  
MIAMI, FL 33155 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: SILVIA GARCIA

07/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LEON CESPEDES, ALEJANDRO  
Address: CARR. 4TA, NO 21-73  
City-St-Zip: CALI, VALLE, COLOMBIA, XX

Title: MGRM  
Name: LEON CESPEDES, ROCIO  
Address: 826 7TH STREET JEFFERSON PLACE #5  
City-St-Zip: MIAMI, FL 33139

I hereby 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: ALEJANDRO LEON CESPEDES

MGRM

07/27/2012

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