


# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED  
AND  
FILED

14 OCT 13 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L08000024708</b>	
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<b>1. Entity Name</b> ANGELES FLOORING LLC	<b>Principal Place of Business</b> 38 HOPKINS LANE GREENSBORO, FL 32330	<b>Mailing Address</b> P O BOX 214 GREENSBORO, FL 32330
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10132014 REIN-LLC CR2E101 (12/11)

<b>4. FEI Number</b> 95-1767369	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  RAMIREZ, MIGUEL ANGELES 38 HOPKINS LANE GREENSBORO, FL 32330	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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<b>8. 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.</b>  SIGNATURE <u>Miguel Ramirez</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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<b>FILE NOW!!! FEE IS \$238.75</b> <b>After January 1, 2015, Fee will be \$377.50</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMIREZ, MIGUEL ANGELES P O BOX 214 GREENSBORO, FL 32330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

<b>11. 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.</b>
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<b>SIGNATURE:</b> <u>Miguel Ramirez</u>	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</b>	<b>Date</b>	<b>E-MAIL ADDRESS</b>
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