

# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000041684

**FILED**  
**Apr 30, 2014**  
**Secretary of State**

**Entity Name:** 16725 PEMBROKE ISLES, LLC

**Current Principal Place of Business:**

16725 NW 20 ST  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

5324 NW 106 COURT  
DORAL, FL 33178

**New Mailing Address:**

**FEI Number:** 27-4565739

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARCIA, AMBROSIA  
16725 NW 20 ST  
PEMBROKE PINES, FL 33028 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: AMBROSIA GARCIA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: GARCIA, AMBROSIA  
Address: 16725 NW 20 ST  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM  
Name: ANDREU GARCIA, PAULINO  
Address: 16725 NW 20 ST  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM  
Name: ANDREU, PAULINO  
Address: 16725 NW 20 ST  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM  
Name: ANDREU GARCIA, JORGE  
Address: 16725 NW 20 ST  
City-St-Zip: PEMBROKE PINES, FL 33028

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: AMBROSIA GARCIA

MGR

04/30/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date