

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000075295

FILED
Oct 04, 2009
Secretary of State

Entity Name: ALVANEZ QUALITY SERVICE LLC

Current Principal Place of Business:

1859 SW 5TH ST
#2
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

1859 SW 5TH ST
#2
MIAMI, FL 33135

New Mailing Address:

14847 SW 104 ST
APT #104
MIAMI, FL 33196

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:

Name and Address of New Registered Agent:

DE PAZ, ANGELICA M
1859 SW 5TH ST
#2
MIAMI, FL 33135 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: ANGELICA DE PAZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DE PAZ, ANGELICA M
Address: 1859 SW 5TH ST APT #2
City-St-Zip: MIAMI, FL 33135

Title: MGRM () Delete
Name: VASQUEZ, CHRISTIAN E
Address: 1859 SW 5TH ST APT #2
City-St-Zip: MIAMI, FL 33135

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DE PAZ, ANGELICA M
Address: 1859 SW 5TH ST APT #2
City-St-Zip: MIAMI, FL 33135 US

Title: MGRM (X) Change () Addition
Name: VASQUEZ, CHRISTIAN E
Address: 1859 SW 5TH ST APT #2
City-St-Zip: MIAMI, FL 33135 US

Title: MGR () Change (X) Addition
Name: VARGAS, CESAR
Address: 14847 SW 104 ST
City-St-Zip: MIAMI, FL 33196 US

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: CESAR VARGAS

MGR

10/04/2009

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