

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000101559

FILED
Dec 02, 2009
Secretary of State

Entity Name: ABARCA AND GONZALEZ GROUP LLC

Current Principal Place of Business:

2164 ANCHOR COURT
DANIA, FL 33312

New Principal Place of Business:

1571 S FEDERAL HWY
FORT LAUDERDALE, FL 33316

Current Mailing Address:

2164 ANCHOR COURT
DANIA, FL 33312

New Mailing Address:

1571 S FEDERAL HWY
FORT LAUDERDALE, FL 33316

FEI Number: 26-3766746 **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:

Name and Address of New Registered Agent:

GONZALEZ, RAMON
2164 ANCHOR COURT
DANIA, FL 33312 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: RAMON GONZALEZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEJIA, ROMEO
Address: 18825 NW 55TH AVE
City-St-Zip: MIAMI GARDENS, FL 33055

Title: MGRM (X) Delete
Name: GONZALEZ, RAMON
Address: 2164 ANCHOR COURT
City-St-Zip: DANIA, FL 33312

ADDITIONS/CHANGES:

Title: PART (X) Change () Addition
Name: GONZALEZ, RAMON
Address: 2164 ANCHOR COURT
City-St-Zip: DANIA, FL 33312

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: RAMON GONZALEZ

PART

12/02/2009

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