

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000079383

**FILED**  
**Oct 07, 2011**  
**Secretary of State**

**Entity Name:** GIOMA COMFORT SHOES L.L.C.

**Current Principal Place of Business:**

1550 BRICKELL AVE  
#213 A  
MIAMI, FL 33129

**New Principal Place of Business:**

2832 STIRLING ROAD  
SUITE I  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

1550 BRICKELL AVE  
#213A  
MIAMI, FL 33129

**New Mailing Address:**

4940 SW 44 AVE  
FORT LAUDERDALE, FL 33314

**FEI Number:** 27-0763500

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUERRA, JOSE E  
1550 BRICKELL AVE  
#213A  
MIAMI, FL 33129 US

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

GUERRA, JOSE E  
4940 SW 44 AVE  
FORT LAUDERDALE, FL 33314 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: JOSE E GUERRA

10/07/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ALVARADO QUIROS, MARIA MILAGRO  
Address: 4940 SW 44 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: MGR  
Name: HERNANDEZ, GIOVANNI A  
Address: 4940 SW 44 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: MGR  
Name: ALFARO ALVARADO, ALEJANDRO J  
Address: 4940 SW 44 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: MGR  
Name: AGUILAR ALVARADO, CARLOS A  
Address: 4940 SW 44 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33314

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: MARIA MILAGRO ALVARADO

MGR

10/07/2011

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