

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000115303

**Entity Name:** SAFFORD SUPPLIES, LLC

**FILED**  
**Sep 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5197 NW 105TH CT.  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

5197 NW 105TH CT.  
DORAL, FL 33178

**New Mailing Address:**

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

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

ORMO, RUBEN  
5197 NW 105TH CT.  
DORAL, FL 33178 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: ORMO RUBEN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SAFFORD CONSULTING CORP  
Address: 5197 NW 105TH CT.  
City-St-Zip: DORAL, FL 33178

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: RUBEN ORMO

MGR

09/29/2010

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