

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000122851

**Entity Name:** ALLIED EXTRACTIONS, LLC

**FILED**  
**Aug 23, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

14629 SW 104 STREET #491  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

14629 SW 104 STREET #491  
MIAMI, FL 33186 US

**New Mailing Address:**

15472 SW 112 TERRACE  
MIAMI, FL 33196 US

**FEI Number:** 45-3698046

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FONTICوبا, RAMON  
14629 SW 104 STREET #491  
MIAMI, FL 33186 US

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

FONTICوبا, RAMON  
15472 SW 112 TERRACE  
MIAMI, FL 33196 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 FONTICوبا

08/23/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FONTICوبا, RAMON  
Address: 15472 SW 112 TERRACE  
City-St-Zip: MIAMI, FL 33196

Title: MGR  
Name: NEGRON, JAVIER  
Address: 15472 SW 112 TERRACE  
City-St-Zip: MIAMI, FL 33196

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: JAVIER NEGRON

MGR

08/23/2013

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