

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000145018

**FILED**  
**Dec 03, 2012**  
**Secretary of State**

**Entity Name:** DADE COUNTY CABINETS LLC

**Current Principal Place of Business:**

16115 SW 117 AVE  
SUITE 23  
MIAMI, FL 33177 US

**New Principal Place of Business:**

**Current Mailing Address:**

16115 SW 117 AVE  
SUITE 23  
MIAMI, FL 33177 US

**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:**

GOMEZ, ANTHONY R  
16451 SW 197 AVE  
MIAMI, FL 33187 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: ANTHONY R GOMEZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GOMEZ, ANTHONY R  
Address: 16451 SW 197 AVE  
City-St-Zip: MIAMI, FL 33187 US

Title: MGRM  
Name: GOMEZ, GREGORY  
Address: 19000 SW 190 STREET  
City-St-Zip: MIAMI, FL 33187 US

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: ANTHONY R GOMEZ

MGRM

12/03/2012

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