

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000083371

**FILED**  
**Oct 07, 2014**  
**Secretary of State**

**Entity Name:** C.I. TROPICAL EXOTIC WOODS LLC

**Current Principal Place of Business:**

14233 SW 47 TERR  
MIAMI, FL 33175 US

**New Principal Place of Business:**

8333 NW 53 STREET  
450  
DORAL, FL 33166 US

**Current Mailing Address:**

14233 SW 47 TERR  
MIAMI, FL 33175 US

**New Mailing Address:**

8333 NW 53 STREET  
450  
DORAL, FL 33166 US

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMPO, ALONSO  
14233 SW 47 TERR  
MIAMI, FL 33175 US

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

CAMPO, ALONSO  
9737 NW 41 STREET  
553  
DORAL, FL 33178 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: ALONSO CAMPO

10/07/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: POLO, ROBINSON  
Address: 8333 NW 53 STREET  
City-St-Zip: DORAL, FL 33166 US

Title: MGRM  
Name: CAMPO, ALONSO  
Address: 9737 NW 41 STREET SUITE 553  
City-St-Zip: DORAL, FL 33178 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: ROBINSON POLO

P

10/07/2014

Electronic Signature of Authorized Person

Date