1. Entity Name	e [*]	0002523	{ No.		SECRETAR	_≂ ED_	
REACON /	WAREHOUSE CENTER, LL	_C			DIVISION OF C	ED Y OF STATE ORPORATIONS	
					00 JUN 16	PM 4: 29	
Principal Place of Business 2740 NORTHWEST 112TH AVENUE MIAMI FL 33172		Mailing Address 2740 NORTHWEST 112TH AVENUE MIAMI FL 33172-1805					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		, -	DO NOT WRITE	IN THIS SPACE	
City & State		City & State		4. FEI N	umber - 1012798	. —	oplied For ot Applicable
Žip	Country	Zip	Country	·	cate of Status Desired	55.00 Add	
:	6. Name and Address of Current	Hegistered Agent	Name	7. Name	and Address of New Reg	istered Agent	
B-&-C-COF	rporate serices, inc. H biscayne boulevard, suite	3000	Street Ac	idress (P.O. Box N	unaer is Not Acceptable	214 A	קנ
	1 1	,	City	W DV	W	FL Zip 20	3177
8. The above r	named entity submits the statement for	or the purpose of changing it	ts registered office or	registered agent, c	or both, in the State of Florid	4/2/00	
SIGNATURE _	Signature, typed contrinted nature legit ered agent	and title if applicable. (NC	OTE: Registered Agent signatu	re required when reinstatir	ng)	DATE OF COMMENT	} -
		1	NOW!!! FEE IS \$! ayable to Departn				
9.	MANAGING MEMB		10.		ADDITIONS/CH		
NAME Street address	MGRM KOPEL, BERNARDO 2740 NORTHWEST 112TH AVEN MIAMI FL 33172	□ Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP	f		. Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		6000033 -06/22/0 *****50	Change 	_ 1" '
TITLE		Detata	TITLE			☐ Change	Addition
NAME ************************************	t ig g proposition and grant		NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delicte	TIYLE MAME STREET ADDRESS CITY-ST-ZIP	•		☐ Change	Addition
TITLE MAME STREET ADDRESS		☐ Detecta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14 (4.1)		Change	Addition
CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP		□ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
11 Lhoreby ce	ertify that the information supplied with on this report is true and accurate and oillty company or the receiver or in ste	n this filing does not qualify f I that my signature shall have e englowered to execute this	or the exemption state	ed in Section 119.0 It as if made under y Chapter 608, Flo	07(3)(i), Florida Statutes. I fu oath; that I am a managing rida Statutes.	rther certify that the i	nformation er of the