



Secretary of State  
Corporation Division  
255 Capitol Street NE, Suite 151  
Salem, OR 97310-1327

Phone: (503)986-2200  
Fax: (503)378-4381  
<https://sos.oregon.gov/business/>

Registry Number: 211142591  
Date of Organization: 04/21/2023  
Type: DOMESTIC LIMITED LIABILITY COMPANY

FILED: JUN 25, 2024  
OREGON SECRETARY OF STATE



211142591-26395974

CENDEJAS AUTO LLC

REIANA

RE: CENDEJAS AUTO LLC

APPLICATION FOR REINSTATEMENT/REACTIVATION

Please complete and return this letter and any enclosed documents for filing the requested reinstatement/reactivation.

Submit \$200 for the required fees.

The above entity hereby requests to be active on the records of the Corporation Division. The effective date of administrative dissolution is 06/20/2024

The reason(s) for administrative dissolution has been eliminated or did not exist.

**Execution:**

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

By: Kim Miron C. Date: 06/25/2024  
(Authorized Signature)

Any fees submitted with this document are non refundable and will be held for 45 days. If the document is returned for filing within 45 days no additional fees will be due unless otherwise stated in this letter.

Business Registry  
Corporation Division  
(503) 986-2200



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**REINSTATEMENT ANNUAL REPORT**  
**Registry Number: 211142591**  
**Date of Organization: 04/21/2023**  
**Type: DOMESTIC LIMITED LIABILITY COMPANY**

CENDEJAS AUTO LLC  
5032 COPPER CREEK LOOP  
SALEM OR 97305

**Name of Domestic Limited Liability Company**

CENDEJAS AUTO LLC

**Jurisdiction:** OREGON

The following information is required by statute. Please complete the entire form.

**Registered Agent**

LUIS MIGUEL CENDEJAS  
1295 MADISON ST. NE #103  
SALEM OR 97301

If the Registered Agent has changed,  
the new agent has consented to the appointment. Oregon  
street address required.

**1) Type of Business**

**2) Principal Place of Business** (Address,city,state,zip)

1295 MADISON ST. NE #103  
SALEM OR 97301

**3) Mailing Address** (Address,city,state,zip)

5032 COPPER CREEK LOOP  
SALEM OR 97305

**4) ☒ Member or ☐ Manager** (Name&Address)

LUIS MIGUEL CENDEJAS  
1295 MADISON ST. NE #103  
SALEM OR 97301

**5) ☒ Member or ☐ Manager** (Name&Address)

ARNULFO MIGUEL CENDEJAS MIRANDA  
1295 MADISON ST. NE #103  
SALEM OR 97301

**Execution:**

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

**6) Signature**

*Luis M. C.*

**7) Printed Name**

*Luis Miguel Cendejas*

**8) Date**

*06/25/2024*

**9) Phone Number**

*503-562-0860*

Make check payable to "Corporation Division" and mail to the address above.

Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.

ANRPF1-  
06/25/24