

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
Oct 09, 2006  
Secretary of State

DOCUMENT# L02000029702

Entity Name: LOGIMIX, LLC

**Current Principal Place of Business:**

950 SOUTH PINE ISLAND ROAD, A-150-118  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

2800 GLADES CIRC. SUITE  
SUITE E-102  
WESTON, FL 33327

**New Mailing Address:**

11904 MIRAMAR PKWY  
MIRAMAR, FL 33025

FEI Number: 57-1141499      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

RIOS, LEOPOLDO J  
2800 GLADES CIRC.  
E-102  
WESTON, FL 33327 US

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

GONCALVES, OSCAR  
2800 GLADES CIRC.  
E-102  
WESTON, FL 33327 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: GONCALVES OSCAR

10/09/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GONCALVES, OSCAR  
Address: 3600 MYSTIC POINTE DR. #717  
City-St-Zip: AVENTURA, FL 33180

Title: MGR ( ) Delete  
Name: GONCALVES, JUAN CARLOS  
Address: 2440 NW 87TH AVE.  
City-St-Zip: MIAMI, FL 33172

Title: MGR ( ) Delete  
Name: BADIELLO, CATERINA  
Address: 2240 NW 87TH AVENUE  
City-St-Zip: MIAMI, FL 33712

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: GONCALVES OSCAR

MGR

10/09/2006

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