

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000002308

Entity Name: DORSET HOLDING, LLC

FILED  
May 01, 2006  
Secretary of State

**Current Principal Place of Business:**

2588 SW 27TH AVENUE  
MIAMI, FL 33133

**New Principal Place of Business:**

2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2588 SW 27TH AVENUE  
MIAMI, FL 33133

**New Mailing Address:**

2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134

FEI Number: 11-3673098      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:**

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2588 SW 27TH AVENUE  
MIAMI, FL 33133 US

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

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134 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: ANTONIO GARCIA

05/01/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MONTAÑA, CAMILO  
Address: 1111 CRANSON BLVD., UNIT B-305  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES:**

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: CAMILO MONTANA

MGR

05/01/2006

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