

**2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Jan 03, 2008  
Secretary of State**

DOCUMENT# L03000042801

Entity Name: E2 STRATEGIC RESEARCH & LOGOSTICS, L.L.C.

**Current Principal Place of Business:**

8190 WEST 26 AVE. SUITE 104  
MIAMI, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

8190 WEST 26 AVE. SUITE 104  
MIAMI, FL 33016

**New Mailing Address:**

FEI Number: 20-0457638      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:**

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

DUARTE, EDGAR M  
1000 PONCE DE LEON BLVD.  
#328  
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: EDGAR M DUARTE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: MCANDREW, ERIC  
Address: 1000 PONCE DE LEON BLVD. #328  
City-St-Zip: CORAL GABLES, FL 33134

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

Title: MGR ( ) Delete  
Name: DUARTE, EDGAR M  
Address: 1000 PONCE DE LEON BLVD. #328  
City-St-Zip: CORAL GABLES, FL 33134

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

I hereby certify that the information supplied with this filing does not qualify 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: EDGAR M. DUARTE

MGR

01/03/2008

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