2008 LIMITED LIABILITY COMPANY REINS TATEMENT

DOCUMENT # L04000041080 1. Entity Name MIATAN, LLC					SECRETARY OF STATE DIVISION OF CORPORATIONS 08 DEC 23 PM 1: 56			
Principal Place of Business 6732 AZALEA DRIVE MIRAMAR, FL 33023-		Mailing Address 6737-AZALEA-DRIVE MIRAMAR, FE-33623						
	lace of Business - No P.O. Box #	3. Mailing Address 231 DEW BER	RY DRI	ue.				
Suite, Apt.	#, etc.	Suite, Apt #, etc.			11172008 REIN-LLC	CR2E101 (1/07)		
City & State	JACKSON, TX	LAKE JACKS	7,40	7	4. FEI Number 55-0869971	Applied F		
77 5 6		#35PP V	ountry A · A		5. Certificate of Status Desired	\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEITHSON QHIN-SANG								
TIRTOWIDJOJO, ISMIATI					gss (P.S. Box Number is Not Acceptable) TREET			
MIRAMAR	, FL 33023		Children	•	,	7505		
City N						FL ZiBB (&	G YCERY	
8. 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature, typed or printed purer the distance and late if applicable (NOTE: Registered Agent alignature required when reinstating) OAIE								
FILE NOWIII FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50 Make check payable to Florida Department of State							-0 1	
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TIRTOWIDJOJO, ISMIATI 6737 AZALEA DRIVE MIRAMAR, FL 33023	<i>y</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		200139		ddition	
TITLE	MGRM	☐ Delete	TITLE		12/18/08-010	26003 🗆 taliga 8. 🗹 🖈	ddition	
NAME STREET ADDRESS CITY-ST-ZIP	TIRTOWIDJOJO. DANIL 231 DEWBERRY LAKE JACKSON, TX 77566	•	STREET ADDRESS CITY-ST-ZIP					
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TITLE			TITLE	- 11 ((E 5) (C C C C)	☐ Change ☐ Ad	ddition	
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CITY-ST-ZIP TITLE			CITY-ST-ZIP TITLE			☐ Change ☐ A	ddition	
NAME STREET ADDRESS			NAME STREET ADDRESS			705		
CITY-ST-ZIP ,			CITY-ST-ZIP	INS	STATEMENT 2	000		
TITLE NAME		☐ Delete	TITLE NAME	96174		☐ Change ☐ Ad	ddition	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP		٠	. •		
CITY-SI-ZIP	pertify that the information supplied with	this filing does not qualify for the	exemptions con	ntained i	n Chapter 119. Florida Statutes 1	further certify that the information	n	
11. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.								