

**2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Mar 10, 2006  
Secretary of State**

DOCUMENT# L04000073464

Entity Name: LUIS ECHARTE, PLLC

**Current Principal Place of Business:**

5832 ALTON ROAD  
MIAMI, FL 33140

**New Principal Place of Business:**

5577 LAGORCE DR  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

5832 ALTON ROAD  
MIAMI, FL 33140

**New Mailing Address:**

5577 LAGORCE DRIVE 5577 LAGORCE DRIVE  
MIAMI BEACH, FL 33140

FEI Number: 20-1769913      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:**

ECHARTE, LUIS J II  
5832 ALTON ROAD  
MIAMI, FL 33140    US

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

ECHARTE, LUIS J II  
5577 LAGORCE DRIVE  
MIAMI BEACH, FL 33140    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: LUIS J ECHARTE

03/10/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ECHARTE, LUIS J II  
Address: 5832 ALTON ROAD  
City-St-Zip: MIAMI, FL 33140

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ECHARTE, LUIS J II  
Address: 5577 LAGORCE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140

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: LUIS J ECHARTE

MGR

03/10/2006

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