

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 09, 2009
Secretary of State

DOCUMENT# L06000016022

Entity Name: IMECA SOUTH, L.L.C.

Current Principal Place of Business:

12901 S.W. 122ND AVENUE, #102
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

8400 NW 58 STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-4840557 **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:

COCCHIOLA, MICHELANGELO
12901 S.W. 122ND AVENUE, #102
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

GY CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BOULEVARD
SUITE 3400
MIAMI, FL 33131 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: MARK J. SCHEER

12/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COCCHIOLA, MICHELANGELO
Address: 12901 S.W. 122ND AVENUE, #102
City-St-Zip: MIAMI, FL 33186

Title: MGR () Delete
Name: COCCHIOLA, TONY
Address: 12901 S.W. 122ND AVENUE, #102
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

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 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: TONY COCCHIOLA

MGR

12/09/2009

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