


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L06000085996</b>		
1. Entity Name <b>PAYBYCEL LLC</b>		

Principal Place of Business <b>18851 NE 29TH AVE STE 720 AVENTURA, FL 33180 US</b>	Mailing Address <b>18851 NE 29TH AVE STE 720 AVENTURA, FL 33180 US</b>
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2. Principal Place of Business - No P.O. Box # <b>18205 BISCAYNE BLVD</b>		3. Mailing Address <b>18205 BISCAYNE BLVD</b>	
Suite, Apt. #, etc. <b>STE 2202</b>		Suite, Apt. #, etc. <b>STE 2202</b>	
City & State <b>AVENTURA FL</b>		City & State <b>AVENTURA FL</b>	
Zip <b>33160</b>	Country <b>US</b>	Zip <b>33160</b>	Country <b>US</b>

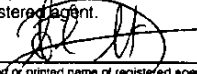
03192008 REIN-LLC CR2E101 (1/07)

4. FEI Number <b>20-5540796</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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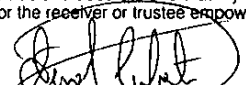
6. Name and Address of Current Registered Agent <b>SERFATI, JACOB 18851 NE 29TH AVE STE 720 AVENTURA, FL 33180</b>	
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7. Name and Address of New Registered Agent Name <b>SERFATI, JACOB</b> Street Address (P.O. Box Number is Not Acceptable) <b>18205 BISCAYNE BLVD STE 2202</b> City <b>AVENTURA</b> FL Zip Code <b>33160</b>	
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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 name of registered agent and title if applicable.	<b>JACOB SERFATI</b> DATE <b>3-19-08</b>

<b>FILE NOW!!! FEE IS \$277.50</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SERFATI, JACOB 18851 NE 29TH AVE STE 720 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SERFATI, JACOB 18205 BISCAYNE BLVD STE 2202 AVENTURA FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I 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.			
SIGNATURE: 	<b>JACOB SERFATI</b>	3-19-08	305-933-1060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #

**FILED**

**08 MAR 27 PM 3:03**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



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03/25/08--01018--010 \*\*\*277.50

**REINSTATEMENT**

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