

# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000054543

**FILED**  
**Oct 08, 2010**  
**Secretary of State**

**Entity Name:** EQUINOX SOLUTIONS, LLC

**Current Principal Place of Business:**

6900 S ORANGE BLOSSOM TRAIL  
SUITE 408  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

6900 S ORANGE BLOSSOM TRAIL  
SUITE 408  
ORLANDO, FL 32809

**New Mailing Address:**

**FEI Number:** 26-0217922

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOPEZ-AVILES, AIXA D  
6900 S ORANGE BLOSSOM TRAIL  
SUITE 408  
ORLANDO, FL 32809 US

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

AVILES, AIXA D  
6900 S ORANGE BLOSSOM TRAIL  
SUITE 408  
ORLANDO, FL 32809 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: AIXA D. AVILES

10/08/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ALZATE, CAROLINA  
Address: 13136 OULTON CR  
City-St-Zip: ORLANDO, FL 32822

Title: MGR  
Name: AVILES, AIXA D  
Address: 1710 WHITE HERON BAY CR  
City-St-Zip: ORLANDO, FL 32824

Title: MGR  
Name: AVILES, MITCHELL J  
Address: 13136 OULTON CR  
City-St-Zip: ORLANDO, FL 32822

Title: MGR  
Name: BABAN, BAWAN S  
Address: 1710 WHITE HERON BAY CR  
City-St-Zip: ORLANDO, FL 32824

I hereby 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: CAROLINA ALZATE

MGRM

10/08/2010

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