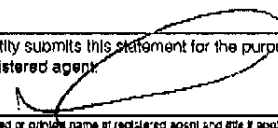
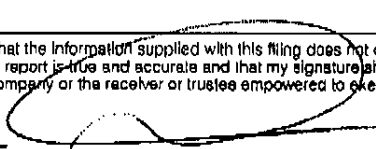


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 SEP -9 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000086107			
1. Entity Name SIREN ENTERPRISES, LLC			
Principal Place of Business 6625 MIAMI LAKES DRIVE SUITE 214 MIAMI LAKES, FL 33014 US		Mailing Address 6625 MIAMI LAKES DRIVE SUITE 214 MIAMI LAKES, FL 33014 US	
2. Principal Place of Business - No P.O. Box # 14750 NW 77th Ct Suite 306		3. Mailing Address Same as principal	
Suite, Apt. #, etc. Suite 306		Suite, Apt. #, etc.	
City & State Miami Lakes FL		City & State	
Zip 33016	Country Miami, Del	Zip	Country
6. Name and Address of Current Registered Agent NERIS & ASSOCIATES, PA 6625 MIAMI LAKES DRIVE SUITE 214 MIAMI LAKES, FL 33014		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14750 NW 77th Ct, Ste 306 City Miami FL Zip Code 33016	
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 		DATE 9/9/09	
FILE NOW!!! FEE IS \$277.50		In accordance with s. 807.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NERIS, ANGEL M 6625 MIAMI LAKES DRIVE, SUITE 214 MIAMI LAKES, FL 33014 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Neri Janet 14750 NW 77th Ct, Ste 306 Miami Lakes, FL 33016 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		Date 9/9/09 3058225513	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

C.F.