

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000051403

Entity Name: EIAR INVESTMENTS LLC

FILED
Oct 21, 2009
Secretary of State

Current Principal Place of Business:

855 BAYWAY BLVD
807
CLEARWATER, FL 33767

New Principal Place of Business:

Current Mailing Address:

855 BAYWAY BLVD
807
CLEARWATER, FL 33767

New Mailing Address:

FEI Number: 30-0488883 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:

Name and Address of New Registered Agent:

BOUTROS, SONIA
855 BAYWAY BLVD
807
CLEARWATER, FL 33767 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: SONIA BOUTROS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ISKANDER, EMAD
Address: 800 S GULFVIEW 701
City-St-Zip: CLEARWATER, FL 33767

Title: MGRM () Delete
Name: RIZKALLA, ATEF
Address: 800 S GULFVIEW
City-St-Zip: CLEARWATER 701, FL 33767

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: RA () Change (X) Addition
Name: BOUTROS, SONIA E
Address: 855 BAYWAY BLVD
City-St-Zip: CLEARWATER, FL 33767

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: SONIA BOUTROS

AGEN

10/21/2009

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