

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000106222

Entity Name: 3, 2, HEARTS, LLC

**FILED**  
**Dec 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

475 NW 210 STREET, APT. 206  
MIAMI GARDENS, FL 33169

**New Principal Place of Business:**

475 NW 210 STREET,  
APT. #206  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

P.O. BOX 221950  
HOLLYWOOD, FL 33022

**New Mailing Address:**

FEI Number: 80-0306603

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAINT-PREUX, MACAJOU  
475 NW 210 STREET, APT. 206  
MIAMI GARDENS, FL 33169 US

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

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: MACAJOU SAINT-PREUX

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SAINT-PREUX, MACAJOU  
Address: P.O, BOX 221950  
City-St-Zip: HOLLYWOOD, FL 33022

Title: MGRM  
Name: ST-PREUX, JACQUELINE  
Address: P.O, BOX 221950  
City-St-Zip: HOLLYWOOD, FL 33022

Title: PS  
Name: SAINT-PREUX, MACAJOU  
Address: P.O, BOX 221950  
City-St-Zip: HOLLYWOOD, FL 33022

Title: VT  
Name: ST-PREUX, JACQUELINE  
Address: P.O, BOX 221950  
City-St-Zip: HOLLYWOOD, FL 33022

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: MACAJOU SAINT-PREUX

MGRM

12/13/2011

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