

# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000022151

FILED  
Oct 07, 2013  
Secretary of State

Entity Name: ECTOPIC LLC

**Current Principal Place of Business:**

8827 BRIARWOOD MD LN  
BOYNTON BEACH, FL 33473

**New Principal Place of Business:**

**Current Mailing Address:**

8827 BRIARWOOD MD LN  
BOYNTON BEACH, FL 33473

**New Mailing Address:**

FEI Number: 90-0865094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHUSTERMAN, JORGE  
8827 BRIARWOOD MD LN  
BOYNTON BEACH, FL 33473 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: JORGE SCHUSTERMAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RABINOVICH, RAFAEL F  
Address: 8827 BRIARWOOD MD LN  
City-St-Zip: BOYNTON BEACH, FL 33473

Title: MGRM  
Name: PORINI, MARIA C  
Address: 8827 BRIARWOOD MD LN  
City-St-Zip: BOYNTON BEACH, FL 33473

Title: MGRM  
Name: RABINOVICH, BARBARA D  
Address: 8827 BRIARWOOD MD LN  
City-St-Zip: BOYNTON BEACH, FL 33473

Title: MGRM  
Name: RABINOVICH, JULIETA D  
Address: 8827 BRIARWOOD MD LN  
City-St-Zip: BOYNTON BEACH, FL 33473

Title: MGRM  
Name: RABINOVICH, VICTORIA D  
Address: 8827 BRIARWOOD MD LN  
City-St-Zip: BOYNTON BEACH, FL 33473

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: RAFAEL RABINOVICH

RR

10/07/2013

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