

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000076267

FILED
Oct 18, 2005
Secretary of State

Entity Name: 15677 SW 17TH TERRACE, LLC

Current Principal Place of Business:

15677 SW 17TH TERRACE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

15677 SW 17TH TERRACE
MIAMI, FL 33186

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD, #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

IBONNET, JOHINES
15677 SW 17TH TERRACE
MIAMI, FL 33185 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: JOHINES IBONNET

10/18/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: IBONNET, JOHINES
Address: 15677 SW 17TH TERRACE
City-St-Zip: MIAMI, FL 33185 US

Title: MGRM () Change (X) Addition
Name: IBONNET, OMAR
Address: 15677 SW 17TH TERRACE
City-St-Zip: MIAMI, FL 33185 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHINES IBONNET

MGR

10/18/2005

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