

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000025203

**FILED**  
**Jun 27, 2007**  
**Secretary of State**

**Entity Name:** LEVONCHI ENTERPRISES L.L.C.

**Current Principal Place of Business:**

2049 ISLAND CIRCLE  
WESTON, FL 33326

**New Principal Place of Business:**

3101 NORTH COUNTRY CLUB DR  
APT 703  
AVENTURA, FL 33180

**Current Mailing Address:**

2049 ISLAND CIRCLE  
WESTON, FL 33326

**New Mailing Address:**

3101 NORTH COUNTRY CLUB DR  
APT 703  
AVENTURA, FL 33180

**FEI Number:** 42-1625232      **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:**

SCHILGEN, LETICIA V  
8004 NORTHWEST 154 STREET  
SUITE 233  
MIAMI LAKES, FL 33016 US

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

EAGLE TAX REPRESENTATION, CORP  
23150 SANDALFOOT PLAZA DRIVE  
STE E  
BOCA RATON, FL 33428 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: PAULO OLIVEIRA

06/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SCHILGEN, LETICIA V  
Address: 8004 NORTHWEST 154 STREET #233  
City-St-Zip: MIAMI LAKES, FL 33016

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

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

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: SCHILGEN, LETICIA V  
Address: 3101 NORTH COUNTRY CLUB DR APT 703  
City-St-Zip: AVENTURA, FL 33180

Title: MGR      ( ) Change (X) Addition  
Name: FERREIRA, CARLOS S  
Address: 3101 NORTH COUNTRY CLUB DR APT 703  
City-St-Zip: AVENTURA, FL 33180

Title: MGR      ( ) Change (X) Addition  
Name: FERREIRA, CLAUDIO S  
Address: 3101 NORTH COUNTRY CLUB DR APT 703  
City-St-Zip: AVENTURA, FL 33180

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: LETICIA V SCHILGEN

MGR

06/27/2007

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