

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000018913

FILED
Mar 16, 2009
Secretary of State

Entity Name: 100% CAPITAL INVESTMENTS GUARANTEE, LLC.

Current Principal Place of Business:

5635 OAKMONT AVENUE
HOLLYWOOD, FL 33312 US

New Principal Place of Business:

1930 HARRISON STREET
603
HOLLYWOOD, FL 33020 US

Current Mailing Address:

5635 OAKMONT AVENUE
HOLLYWOOD, FL 33312 US

New Mailing Address:

1930 HARRISON STREET
603
HOLLYWOOD, FL 33020 US

FEI Number: 41-2097014 **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:

FELDMAN, BERNARD
5635 OAKMONT AVENUE
HOLLYWOOD, FL 33312 US

Name and Address of New Registered Agent:

CITRINE MANAGEMENT SERVICES INC.
2706 NE 32ND AVENUE
3
FORT LAUDERDALE, FL 33308 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: BERNARD FELDMAN

03/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOURI, DAVID
Address: 401 E LAS OLAS BLVD #1180
City-St-Zip: FORT LAUDERDALE, FL 33301 US

ADDITIONS/CHANGES:

Title: PR (X) Change () Addition
Name: CITRINE MANAGEMENT S, ERVICES INC.
Address: 2706 NE 32ND AVENUE APT 3
City-St-Zip: FORT LAUDERDALE, FL 33308 US

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: BERNARD FELDMAN

RA

03/16/2009

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