

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L00000009785

Entity Name: M & L CONSULTING LLC

**FILED**  
**May 26, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

4155 SW 130 AVENUE  
SUITE 111  
MIAMI, FL 33175

**New Principal Place of Business:**

4351 SW 149 CT  
MIAMI, FL 33185

**Current Mailing Address:**

4155 SW 130 AVENUE  
SUITE 111  
MIAMI, FL 33175

**New Mailing Address:**

4351 SW 149 CT  
MIAMI, FL 33185

FEI Number: 65-1033796      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:**

AGOSTO, MILLIE  
4155 SW 130 AVENUE  
SUITE 111  
MIAMI, FL 33175 US

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

AGOSTO, MILLIE  
4351 SW 149 CT  
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: MILLIE AGOSTO

05/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AGOSTO, MILLIE  
Address: 4155 SW 130 AVENUE SUITE 111  
City-St-Zip: MIAMI, FL 33175

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: AGOSTO, MILLIE  
Address: 4351 SW 149 CT  
City-St-Zip: MIAMI, FL 33185

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: MILLIE AGOSTO

MGMR

05/26/2009

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