

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000006106

FILED
Feb 01, 2007
Secretary of State

Entity Name: KELLY, L.L.C.

Current Principal Place of Business:

4160 W. 16TH AVE., STE. 402
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

4160 W. 16TH AVE., STE. 402
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 20-0733003 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:

Name and Address of New Registered Agent:

VALDES, JUAN E
4160 W. 16TH AVE., STE. 402
HIALEAH, FL 33012 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: JUAN E. VALDES

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VALDES, JUAN E
Address: 4160 W. 16TH AVE., STE. 402
City-St-Zip: HIALEAH, FL 33012

Title: MEM () Delete
Name: RODRIGUEZ ASTUDILLO, LOURDES MARIA
Address: 4160 W. 16TH AVE., STE. 402
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: RODRIGUEZ ASTUDILLO, LOURDES MARIA
Address: 4160 W. 16TH AVE., STE. 402
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the 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: JUAN E. VALDES

MGR

02/01/2007

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