


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L01000015609**

1. Entity Name  
**OXYRIS SERVICE COMPANY, L.L.C.**



Principal Place of Business <b>2701 S. BAYSHORE DR., STE 402 COCONUT GROVE, FL 33133</b>	Mailing Address <b>2701 S. BAYSHORE DR., STE 402 COCONUT GROVE, FL 33133</b>
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



09292008 REIN-LLC CR2E101 (1/07)

4. FEI Number <b>65-1139456</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RYAN, JOSEPH B III 2701 S. BAYSHORE DR., STE 402 COCONUT GROVE, FL 33133</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Joseph B. Ryan* DATE: 9/29/08

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After January 1, 2009, Fee will be \$277.50**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, EFRAIN	NAME	
STREET ADDRESS	DIAGONAL 127 A# 22-81	STREET ADDRESS	
CITY-ST-ZIP	BOGOTA, COLOMBIA, FL 00000000	CITY-ST-ZIP	300136530699
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	10/01/08--01038--003 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVOA, OLGA	NAME	
STREET ADDRESS	CARRERA 44-133A-70, INTERIOR 5, APTO.701	STREET ADDRESS	
CITY-ST-ZIP	BOGOTA, COLOMBIA, FL 00000000	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINSTATEMENT	NAME	
STREET ADDRESS	2009	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

2008 OCT -3 A 11:47  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA  
**FILED**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Joseph B. Ryan* *authorized representative* DATE: 9/29/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #