

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000017053

**FILED**  
**Mar 26, 2007**  
**Secretary of State**

**Entity Name:** SLA, LLC

**Current Principal Place of Business:**

4621 PONCE DE LEON BLVD  
MIAMI, FL 33146

**New Principal Place of Business:**

4621 PONCE DE LEON BLVD  
CORAL GABLES, FL 33146

**Current Mailing Address:**

4621 PONCE DE LEON BLVD  
MIAMI, FL 33146

**New Mailing Address:**

4621 PONCE DE LEON BLVD  
CORAL GABLES, FL 33146

**FEI Number:** 65-1143338      **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:**

CORDOVA, ANGEL D  
780 N.W. 42 AVE. #416  
MIAMI, FL 33126 US

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

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: ANGEL CORDOVA INC

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KFOURY, SIMONE ELIE  
Address: 4621 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SALLOUM CHAMAA, S  
Address: 4621 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33146

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: S SALLOUM CHAMAA

MGR

03/26/2007

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