

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000006026

**FILED**  
**May 28, 2009**  
**Secretary of State**

**Entity Name:** JARA CONSULTING SERVICES LLC

**Current Principal Place of Business:**

4995 NW 72ND AVE  
SUITE 300  
MIAMI, FL 33166 US

**New Principal Place of Business:**

12261 SW 104 TER  
MIAMI, FL 33186 US

**Current Mailing Address:**

4995 NW 72ND AVE  
SUITE 300  
MIAMI, FL 33166 US

**New Mailing Address:**

12261 SW 104 TER  
MIAMI, FL 33186 US

**FEI Number:** 04-3639177 **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:**

JARA, CESAR F  
4995 NW 72ND AVE  
SUITE 300  
MIAMI, FL 33166 US

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

JARA, CESAR F  
12261 SW 104 TER  
MIAMI, FL 33186 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: CESAR JARA

05/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JARA, ROXANA I  
Address: 4995 NW 72ND AVE SUITE 300  
City-St-Zip: MIAMI, FL 33166

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JARA, ROXANA I  
Address: 12261 SW 104 TER  
City-St-Zip: MIAMI, FL 33186

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: CESAR JARA

MR

05/28/2009

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