

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000006707

**FILED**  
**Nov 01, 2011**  
**Secretary of State**

**Entity Name:** BISCAYNE MEDIATION, LLC

**Current Principal Place of Business:**

19 WEST FLAGLER STREET  
SUITE 905  
MIAMI, FL 33130

**New Principal Place of Business:**

19 WEST FLAGLER STREET  
SUITE 905  
MIAMI, FL 33130 UN

**Current Mailing Address:**

19 WEST FLAGLER STREET  
SUITE 905  
MIAMI, FL 33130

**New Mailing Address:**

19 WEST FLAGLER STREET  
SUITE 905  
MIAMI, FL 33130 UN

**FEI Number:** 04-3632722

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ABRAHAM, PETER  
19 WEST FLAGLER STREET  
SUITE 905  
MIAMI, FL 33130 US

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

ABRAHAM, PETER E  
19 WEST FLAGLER STREET  
SUITE 905  
MIAMI, FL 33130 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: PETER E. ABRAHAM

11/01/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ABRAHAM, PETER E  
Address: 19 W FLAGLER ST., STE 905  
City-St-Zip: MIAMI, FL 33130

I hereby 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: PETER E. ABRAHAM

MGR

11/01/2011

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