## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000014663

Entity Name: MAGMAR DEVELOPMENT, L.L.C.

FILED Oct 15, 2009 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 

2265 SW PICTURE TERRACE 20201 E.COUNTRY CLUB DR. PORT SAINT LUCIE, FL 34953 1601

AVENTURA, FL 33180

**Current Mailing Address: New Mailing Address:** 

2265 SW PICTURE TERRACE 20201 E.COUNTRY CLUB DR. PORT SAINT LUCIE, FL 34953 1601 AVENTURA, FL 33180

FEI Number: 02-0615220 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:

> SILVA'S ENTERPRISE, INC. 5220 S UNIVERSITY DR SUITE C-102 DAVIE, FL 33328 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: FERNANDO SILVA 10/15/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: (X) Change ( ) Addition () Delete

HECTOR, PINES HECTOR, PINES Name: Name:

Address: C/O 20201 E.COUNTRY CLUB DR.#1601 Address: 2265 SW PICTURE TERRACE City-St-Zip: AVENTURA, FL 33180 City-St-Zip: PORT SAINT LUCIE, FL 34953

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: HECTOR PINES 10/15/2009