

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000016705

FILED
Oct 06, 2005
Secretary of State

Entity Name: INTERNATIONAL RE-INSURANCE CONSULTANTS, L.L.C.

Current Principal Place of Business:

2333 PONCE DE LEON BLVD., SUITE R200
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2333 PONCE DE LEON BLVD., SUITE R200
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 55-0794296 **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:

RUEDA, JAIME H
21050 POINT PLACE
APT 2801
AVENTURA, FL 33180 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: RUEDA JAIME H

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: V () Delete
Name: RUEDA, GABRIEL
Address: 21055 YACHT CLUB DR #1603
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RUEDA GABRIEL

V

10/06/2005

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