

# **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:**

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

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

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

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

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