

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000023583

Entity Name: TICO FINANCIAL, LLC

FILED
Oct 06, 2005
Secretary of State

Current Principal Place of Business:

2240 NE 2ND AVE
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

2240 NE 2ND AVE
MIAMI, FL 33137

New Mailing Address:

FEI Number: 74-3060880 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:

AZARI, DANIEL M
2240 NE 2ND AVE
MIAMI, FL 33137 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: DANIEL AZARI

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AZARI, DANIEL M
Address: 2240 NE 2ND AVE
City-St-Zip: MIAMI, FL 33137 US

Title: MGRM () Delete
Name: AZARI, JEFFERY S
Address: 2240 NE 2ND AVE
City-St-Zip: MIAMI, FL 33137 US

Title: MGRM () Delete
Name: AZARI, DAVID R
Address: 2240 NE 2ND AVE
City-St-Zip: MIAMI, FL 33137 US

ADDITIONS/CHANGES:

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

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

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: DANIEL AZARI

MGRM

10/06/2005

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