

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000026620

**FILED**  
**Nov 11, 2005**  
**Secretary of State**

**Entity Name:** LORIANI INTERNATIONAL, LLC

**Current Principal Place of Business:**

315 MOLA AVENUE  
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

315 MOLA AVENUE  
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 81-0581509      **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:**

ALHAMBRA REGISTERED AGENTS, INC.  
2 ALHAMBRA PLAZA, SUITE 1202  
CORAL GABLES, FL 33134    US

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

LAW OFFICES OF ARTHUR BERK  
848 BRICKELL AVE  
SUITE 200  
MIAMI, FL 33131    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: JEAN-PIERRE KLIFA

11/11/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: PIERRE-KLIFA, JEAN  
Address: 315 MOLA AVE  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: PIERRE-KLIFA, JEAN  
Address: 315 MOLA AVE  
City-St-Zip: FORT LAUDERDALE, FL 33301

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: JEAN-PIERRE KLIFA

MR

11/11/2005

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