

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000029550

**Entity Name:** IMPROVING CONDITIONS, LLC

**FILED**  
**Oct 18, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

1705 W. 49TH ST., STE. 1048  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1705 W. 49TH ST., STE. 1048  
HIALEAH, FL 33012

**New Mailing Address:**

619 NW 12 AVENUE  
MIAMI, FL 33136

**FEI Number:** 41-2066908

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOBBE, DENNIS C  
1705 W. 49TH STREET SUITE 1048  
HIALEAH, FL 33012 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: DENNIS NOBBE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NOBBE, DENNIS C  
Address: 1705 W. 49TH STREET SUITE 1048  
City-St-Zip: HIALEAH, FL 33012

I hereby 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: DENNIS NOBBE

○

10/18/2013

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