

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000029702

Entity Name: LOGIMIX, LLC

FILED
Oct 15, 2007
Secretary of State

Current Principal Place of Business:

950 SOUTH PINE ISLAND ROAD, A-150-118
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

11904 MIRAMAR PKWY
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 57-1141499 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:

GONCALVES, OSCAR
2800 GLADES CIRC.
E-102
WESTON, FL 33327 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: GONCALVES OSCAR

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: GONCALVES, OSCAR
Address: 3600 MYSTIC POINTE DR. #717
City-St-Zip: AVENTURA, FL 33180

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

Title: MGR () Delete
Name: GONCALVES, JUAN CARLOS
Address: 2440 NW 87TH AVE.
City-St-Zip: MIAMI, FL 33172

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

Title: MGR () Delete
Name: BADIELLO, CATERINA
Address: 2240 NW 87TH AVENUE
City-St-Zip: MIAMI, FL 33712

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GONCALVES OSCAR

MGMR

10/15/2007

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