

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000001541

**FILED**  
**Sep 26, 2011**  
**Secretary of State**

**Entity Name:** TRANSFORMATION CAPITAL LLC

**Current Principal Place of Business:**

141 E. SUNRISE AVENUE  
CORAL GABLES, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

141 E. SUNRISE AVENUE  
CORAL GABLES, FL 33133

**New Mailing Address:**

**FEI Number:** 65-1169004

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARAZOZA & FERNANDEZ-FRAGA, P.A.  
2100 SALZEDO ST., STE. 300  
CORAL GABLES, FL 33134 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: CFA

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR  
Name: PRADO, JOSE A  
Address: 141 E. SUNRISE AVENUE  
City-St-Zip: CORAL GABLES, FL 33133

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: JOSE PRADO

MM

09/26/2011

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