

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000006737

Entity Name: C FORMS, LLC

FILED  
Mar 01, 2006  
Secretary of State

## Current Principal Place of Business:

18305 BISCAYNE BLVD., STE. 304  
AVENUTRA, FL 33160

## New Principal Place of Business:

16400 COLLINS AVE  
CAB. 25  
SUNNY ISLES, FL 33160

## Current Mailing Address:

18305 BISCAYNE BLVD., STE. 304  
AVENUTRA, FL 33160

## New Mailing Address:

10 SW SOUTH RIVER DR  
1602  
MIAMI, FL 33130

FEI Number: 13-4246917      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:

MERKIN, STEWART A  
444 BRICKELL AVE., STE. 300  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

MERKIN, STEWART A  
444 BRICKELL AVE.  
SUITE 300  
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: STEWART MERKIN

03/01/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: D ( ) Delete  
Name: RODAN, LUIS  
Address: 16800 COLLINS AVE #25  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

## ADDITIONS/CHANGES:

Title: VP (X) Change ( ) Addition  
Name: RODAN, RONALDO  
Address: 10 SW SOUTH RIVER DR  
City-St-Zip: MIAMI, FL 33130

I hereby certify that the information supplied with this filing does not qualify for the 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: RONALDO RODAN

VP

03/01/2006

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