

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000007920

FILED
Sep 22, 2005
Secretary of State

Entity Name: BRIDGEPORT LAW CENTER, LLC

Current Principal Place of Business:

3091 OAK AVENUE
COCONUT GROVE, FL 33133

New Principal Place of Business:

2935 SEMINOLE STREET
COCONUT GROVE, FL 33133

Current Mailing Address:

3091 OAK AVENUE
COCONUT GROVE, FL 33133

New Mailing Address:

2935 SEMINOLE STREET
COCONUT GROVE, FL 33133

FEI Number: 20-0462857 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

MONTEGARZA, DALIANA
3091 OAK AVENUE
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

MANTEGAZZA, DALIANA
2935 SEMINOLE STREET
COCONUT GROVE, FL 33133 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: DALIANA MANTEGAZZA

09/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MONTEGARZA, DALIANA
Address: 3091 OAK AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MANTEGAZZA, DALIANA
Address: 2935 SEMINOLE STREET
City-St-Zip: COCONUT GROVE, FL 33133

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: DALIANA MANTEGAZZA

MGR

09/22/2005

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