

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000013577

**FILED**  
**Nov 17, 2011**  
**Secretary of State**

**Entity Name:** XIHEI, L.L.C.

**Current Principal Place of Business:**

290, 174TH ST  
APT. # 1705  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

290, 174TH ST  
APT. # 1705  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

**FEI Number:** 20-0192861

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HEITMAN ARDON, XINIA M ESQ  
290, 174TH ST.  
APT. # 1705  
SUNNY ISLES BEACH, FL 33160 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:** FERNANDO ALTMANN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** PRES  
**Name:** ALTMANN, FERNANDO  
**Address:** 290, 174TH ST. APT. # 1705  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160

**Title:** V-P  
**Name:** HEITMANN, ARDON M XINIA  
**Address:** 290 174TH APT 1705  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160

**Title:** TRE  
**Name:** ATLMANN, SILVIA  
**Address:** 290, 174TH ST, APT 1705  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160

**Title:** CEO  
**Name:** ALTMANN, NICOLE  
**Address:** 290 174 TH APT 1705  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160

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:** FERNANDO ALTMANN

PRES

11/17/2011

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