

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000014633

Entity Name: SERVICOM GROUP LLC

FILED  
Jun 18, 2007  
Secretary of State

**Current Principal Place of Business:**

1627 BRICKELL AVENUE  
UNIT 2101  
MIAMI, FL 33129

**New Principal Place of Business:**

**Current Mailing Address:**

1627 BRICKELL AVE  
UNIT 2101  
MIAMI, FL 33129

**New Mailing Address:**

FEI Number: 11-3686109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

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

ROZENCWAIG, NADEL & FERRERO-CARR, LLP  
301 W. HALLANDALE BEACH VOULEVARD  
HALLANDALE BEACH, FL 33009 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: LESLIE ALAN ROZENCWAIG, ESQ.

06/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MENENDEZ, GASTON  
Address: 1627 BRICKELL AVE. UNIT 2101  
City-St-Zip: MIAMI, FL 33129

Title: MGR ( ) Delete  
Name: MENENDEZ, MONICA  
Address: 1627 BRICKELL AVE., UNIT 2101  
City-St-Zip: MIAMI, FL 33129

**ADDITIONS/CHANGES:**

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

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: GASTON MENENDEZ

MGR

06/18/2007

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