

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 DEC -8 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000016518

1. Entity Name
CIRCLE SECURITY SOLUTIONS LLC



Principal Place of Business
12955 BISCAYNE BLVD.
SUITE 328
NORTH MIAMI, FL 33181 US

Mailing Address
12955 BISCAYNE BLVD.
SUITE 328
NORTH MIAMI, FL 33181 US

2. Principal Place of Business
8736 SW 131 ST
Suite, Apt. #, etc.

3. Mailing Address
8736 SW 131 ST
Suite, Apt. #, etc.

City & State
Miami, FL
Zip 33176 Country

City & State
Miami, FL
Zip 33176 Country

11152004 REIN-LLC CR2E101 (6/04)

4. FEI Number
73-1665850

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JONATHAN D. LEINWAND, P.A.
12955 BISCAYNE BLVD.
SUITE 328
NORTH MIAMI, FL 33181

7. Name and Address of New Registered Agent

Name Jonathan D. Leinwand, P.A.
Street Address (P.O. Box Number is Not Acceptable)
12955 Biscayne Blvd.
Suite 402
City N. MIAMI FL Zip Code 33181

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

Jonathan Leinwand
(NOTE: Registered Agent signature required when reinstating)

12/03/04
DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM
NAME CSS HOLDINGS LLC ☐ Delete
STREET ADDRESS 12955 BISCAYNE BLVD., SUITE 328/402
CITY-ST-ZIP NORTH MIAMI, FL 33181

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/03/04
Date
305-981-4521
Daytime Phone #