

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000020535

FILED
Feb 09, 2007
Secretary of State

Entity Name: INTERNATIONAL BUSINESS CONSULTANT LLC

Current Principal Place of Business:

PO BOX 720394
MIAMI, FL 33172

New Principal Place of Business:

515 SW 102 AVE
MIAMI, FL 33174

Current Mailing Address:

PO BOX 720394
MIAMI, FL 33172

New Mailing Address:

FEI Number: 14-1886327 **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:

Name and Address of New Registered Agent:

POMBO, ERNESTO J
515 SW 102 AVE
MIAMI, FL 33174 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: ERNESTO J. POMBO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POMBO, ERNESTO J
Address: PO BOX 720394
City-St-Zip: MIAMI, FL 33172

Title: MGRM () Delete
Name: POMBO, MARIA A
Address: PO BOX 720394
City-St-Zip: MIAMI, FL 33172

Title: MGRM () Delete
Name: POMBO, JAIME
Address: PO BOX 720394
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

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

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 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: ERNESTO J. POMBO

MGRM

02/09/2007

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