

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000025537

FILED  
Sep 25, 2005  
Secretary of State

Entity Name: SIGHTFACTOR LLC

**Current Principal Place of Business:**

6901 CYPRESS RD  
A17  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

6901 CYPRESS RD  
A17  
PLANTATION, FL 33317

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

MEJILLONES, DENNIS  
6901 CYPRESS RD  
A17  
PLANTATION, FL 33317 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: DENNIS MEJILLONES

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MEJILLONES, DENNIS  
Address: 6901 CYPRESS RD UNIT A17  
City-St-Zip: PLANTATION, FL 33317

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: MEJILLONES, ELIZABETH  
Address: 6901 CYPRESS RD UNIT A17  
City-St-Zip: PLANTATION, FL 33317

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: DENNIS MEJILLONES

MGR

09/25/2005

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