## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L03000026891

POMERANZ, ROY H

MIAMI BEACH, FL

4779 COLLINS AVENUE

Name:

Address:

City-St-Zip:

Entity Name: METRO RISK MANAGEMENT GROUP, LLC

FILED Mar 28, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4779 COLLINS AVE 17100 N BAY RD MIAMI BEACH, FL 1902 SUNNY ISLES, FL 33160 **Current Mailing Address: New Mailing Address:** 4779 COLLINS AVE 17100 N BAY RD MIAMI BEACH, FL 1902 SUNNY ISLES, FL 33160 FEI Number: 05-0578071 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: ARENAS, ALINA 600 NE 36TH ST 1710 MIAMI, FL, FL 33137 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: ALINA ARENAS 03/28/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: ( ) Change (X) Addition () Delete CUADROS, LEIDY K Name: BARTCH, MARK Name: Address: 4779 COLLINS AVENUE Address: 17100 N BAY RD City-St-Zip: MIAMI BEACH, FL City-St-Zip: SUNNY ISLES, FL 33160 Title: MGR () Delete Title: () Change () Addition EISENBERG, SY Name: Name: Address: 4779 COLLINS AVENUE Address: City-St-Zip: MIAMI BEACH, FL City-St-Zip: Title: MGR () Delete Title: () Change () Addition FLACKS, MICHAEL Name: Name: 4779 COLLINS AVENUE Address: Address: City-St-Zip: MIAMI BEACH, FL City-St-Zip: ( ) Delete Title: MGR Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARK BARTCH MGRM 03/28/2006