

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000029464

FILED
Feb 27, 2006
Secretary of State

Entity Name: INTERNATIONAL LEGAL CONSULTANTS, P.L.L.C.

Current Principal Place of Business:

1000 WEST AVENUE
1407
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

11098 BISCAYNE BOULEVARD
301
MIAMI, FL 33161 US

Current Mailing Address:

1000 WEST AVENUE
1407
MIAMI BEACH, FL 33139 US

New Mailing Address:

11098 BISCAYNE BOULEVARD
301
MIAMI, FL 33161 US

FEI Number: **FEI Number Applied For (X)** **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:

VUJIN, PETER M
1000 WEST AVENUE
1407
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

VUJIN, PETER M
11098 BISCAYNE BOULEVARD
301
MIAMI, FL 33161 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: PETER VUJIN

02/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VUJIN, PETER M
Address: 1000 WEST AVENUE, SUITE 1407
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VUJIN, PETER M
Address: 11098 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33161 US

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: PETER VUJIN

MGM

02/27/2006

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