2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 09, 2005
Secretary of State

DOCUMENT# L03000030286

Entity Name: CORPORATE TRANSACTIONS, LLC

Current Principal Place of Business:

3006 NW 4TH AVENUE
UNIT 1
POMPANO BEACH, FL 33064 US

New Principal Place of Business:

9130 DADELAND BLVD.
TWO DATRAN CENTER, SUITE 1600
MIAMI, FL 33156 US

Current Mailing Address:

3006 NW 4TH AVENUE
UNIT 1
POMPANO BEACH, FL 33064 US

New Mailing Address:

9130 DADELAND BLVD.
TWO DATRAN CENTER, SUITE 1600
MIAMI, FL 33156 US

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

Name and Address of Current Registered Agent:

TROUTWINE, TONIA M
3006 NW 4TH AVENUE
UNIT 1
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

TROUTWINE, TONIA M
9130 DADELAND BLVD
TWO DATRAN CENTER, SUITE 1600
MIAMI, FL 33156 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: TONIA TROUTWINE 03/09/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: TROUTWINE, TONIA M
Address: 3006 NW 4TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33064 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TROUTWINE, TONIA M
Address: 9130 DADELAND BLVD, 2 DATRAN CTR, STE 1600
City-St-Zip: MIAMI, FL 33139 US

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: TONIA TROUTWINE MGRM 03/09/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date