

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000033893

Entity Name: SECURITY TEAM, LLC

**FILED**  
**Oct 11, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

100 S.E. 2ND ST., 17TH FLOOR  
MIAMI, FL 33131

**New Principal Place of Business:**

1395 BRICKELL AVENUE  
14TH FLOOR  
MIAMI, FL 33131

**Current Mailing Address:**

100 S.E. 2ND ST., 17TH FLOOR  
MIAMI, FL 33131

**New Mailing Address:**

1395 BRICKELL AVENUE  
14TH FLOOR  
MIAMI, FL 33131

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

LICKSTEIN, FRED K ESQ  
100 S.E. 2ND ST., 17TH FLOOR  
MIAMI, FL 33131 US

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

LICKSTEIN, FRED K ESQ  
1395 BRICKELL AVENUE  
14TH FLOOR  
MIAMI, FL 33131 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: FRED K. LICKSTEIN

10/11/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AL FASSI, TAREK  
Address: 100 S.E. 2ND STREET, 17TH FLOOR  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: AL FASSI, TAREK  
Address: 1395 BRICKELL AVENUE, 14TH FLOOR-FKL  
City-St-Zip: MIAMI, FL 33131

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: TAREK AL FASSI

MGRM

10/11/2005

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