

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000013899

FILED
Sep 20, 2006
Secretary of State

Entity Name: MEDACIER LAW OFFICES, LLC.

Current Principal Place of Business:

16229 OPAL CREEK DRIVE
WESTON, FL 33331

New Principal Place of Business:

7771 WEST OAKLAND PARK BLVD
SUITE 223
SUNRISE, FL 33351

Current Mailing Address:

16229 OPAL CREEK DRIVE
WESTON, FL 33331

New Mailing Address:

7771 WEST OAKLAND PARK BLVD
SUITE 223
SUNRISE, FL 33351

FEI Number: 20-0783943 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:

MEDACIER, ADENET
16229 OPAL CREEK DRIVE
WESTON, FL 33331 US

Name and Address of New Registered Agent:

MEDACIER, ADENET
7771 WEST OAKLAND PARK BLVD
SUITE 223
SUNRISE, FL 33351 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: ADENET MEDACIER

09/20/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEDACIER, ADENET
Address: 16229 OPAL CREEK DRIVE
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MEDACIER, ADENET
Address: 7771 WEST OAKLAND PARK BLVD, #223
City-St-Zip: SUNRISE, FL 33351

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: ADENET MEDACIER

MGR.

09/20/2006

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