

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000022461

Entity Name: PISCES HOLDINGS, LC

FILED
Feb 06, 2007
Secretary of State

Current Principal Place of Business:

1901 BRICKELL AVENUE, B-2014
MIAMI, FL 33129

New Principal Place of Business:

10125 N. W. 116TH WAY
SUITE 5
MEDLEY, FL 33178

Current Mailing Address:

1901 BRICKELL AVENUE, B-2014
MIAMI, FL 33129

New Mailing Address:

10125 N. W. 116TH WAY
SUITE 5
MEDLEY, FL 33178

FEI Number: 26-0114086 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

BEFELER, GEORGE
80 SOUTHWEST 8TH STREET, SUITE 3100
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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: GEORGE BEFELER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NUILA FUENTES, JOSE
Address: 1901 BRICKELL AVE. # B-2014
City-St-Zip: MIAMI, FL 33129

Title: MGR () Delete
Name: RICARDO NUILA, JOSE
Address: 1901 BRICKELL AVE. # B-2014
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSE NUILA FUENTES

MGR

02/06/2007

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