



# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

150. -

<b>DOCUMENT # L04000057161</b> 1. Entity Name <b>MICELLI GROUP L.L.C.</b>						<b>FILED</b>  07 DEC 20 AM 8:14  SECRETARY OF STATE TALLAHASSEE, FLORIDA  	
Principal Place of Business 9737 NW 41 ST #615 MIAMI, FL 33178 US		Mailing Address 9737 NW 41 ST #615 MIAMI, FL 33178 US		11172007 REIN-LLC CR2E101 (1/07)  4. FEI Number <b>20-1444416</b> Applied For <input type="checkbox"/> Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.					
City & State  Zip Country		City & State  Zip Country					
6. Name and Address of Current Registered Agent  <b>CABANAS &amp; ASSOCIATES, P.A.</b> <b>10520 NW 26 ST.</b> <b>SUITE C 201</b> <b>DORAL, FL 33172</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code					
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>[Signature]</i></u> DATE <u>11/19/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2008, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICELLI, ALDO 10720 NW 66 ST - #213 DORAL, FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lavanga, Giovanni 10556 NW 26 St. - D101 Doral, FL. 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE MICELLI, MARIA M 10720 NW 66 ST - #213 DORAL, FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM De Lavanga, Maria I. 10556 NW 26 St. - D101 Doral, FL. 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICELLI, EURO 10720 NW 66 ST - #213 DORAL, FL 33178	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lavanga, Anthony 10556 NW 26 St. - D101 Doral, FL. 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICELLI, HECTOR I 10720 NW 66 ST - #213 DORAL, FL 33178	<input type="checkbox"/> Delete	100113078981 12/12/07--01037--003 **50.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u><i>Giovanni Lavanga</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				11/19/07 (305) 513 3639 <small>Date Daytime Phone #</small>			

Giovanni Lavanga

12/20