



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 21 AM 10:53

DOCUMENT # L04000057860 1. Entity Name ARES ASSETS & ESTATE PROTECTION, L.L.C.					
Principal Place of Business ARTEMIS DIANE ARES 70 N HIBISCUS DR., HIBISCUS ISLAND MIAMI BEACH, FL 33149			Mailing Address ARTEMIS DIANE ARES 70 N HIBISCUS DR., HIBISCUS ISLAND MIAMI BEACH, FL 33149		
2. Principal Place of Business <i>5500 COLLINS AVE. 401</i> Suite, Apt. #, etc. <i>Miami Beach</i> City & State <i>FLA.</i>		3. Mailing Address <i>5500 COLLINS AVE. 401</i> Suite, Apt. #, etc. <i>Miami Beach FL</i> City & State			
Zip <i>33140</i>		Country <i>U.S.A.</i>		10132005 REIN-LLC CR2E101 (6/04)	
Zip <i>33140</i>		Country <i>U.S.A.</i>		4. FEI Number <i>20-1473615</i>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ARES, ARTEMIS DIANE 70 N HIBISCUS DRIVE HIBISCUS ISLAND MIAMI BEACH, FL 33149			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <i>Artemis Diane Ares</i> DATE <i>10/19/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR ARES, ARTEMIS DIANE 70 N HIBISCUS DR MIAMI BEACH, FL 33149			TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>500060853725</i> <i>10/21/05--01026--026 **55.00</i> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 2005 </div>		
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11. I hereby certify that the information supplied with this filing does not qualify 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 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 606, Florida Statutes.					
SIGNATURE: <i>Artemis Diane Ares</i>				Date <i>10/19/05</i> 305-531-0100	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					