

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000061256

Entity Name: MF & CONSULTING LLC

**FILED**  
**Nov 28, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

220 71 STREET SUITE 212  
MIAMI BEACH, FL 33141 US

**New Principal Place of Business:**

220 71 STREET SUITE 209  
MIAMI BEACH, FL 33141 US

**Current Mailing Address:**

220 71 STREET SUITE 212  
MIAMI BEACH, FL 33141 US

**New Mailing Address:**

220 71 STREET SUITE 209  
MIAMI BEACH, FL 33141 US

FEI Number: 20-1510223      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:**

FERNANDEZ, MANUEL E  
220 71 STREET SUITE 212  
MIAMI BEACH, FL 33141 US

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

FERNANDEZ, MANUEL E  
220 71 STREET SUITE 209  
MIAMI BEACH, FL 33141 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: MANUEL FERNANDEZ

11/28/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FERNANDEZ, MANUEL E  
Address: 17012 NW 19 STREET  
City-St-Zip: PEMBROKE PINES, FL 33028 US

**ADDITIONS/CHANGES:**

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: MANUEL FERNANDEZ

MGR

11/28/2006

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