

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000074095

Entity Name: EMAX SOLUTIONS, LLC

FILED  
Oct 10, 2005  
Secretary of State

## Current Principal Place of Business:

3000 CORAL WAY  
APT. 88  
CORAL GABLES, FL 33145

## New Principal Place of Business:

3000 CORAL WAY  
SUITE 808  
CORAL GABLES, FL 33145

## Current Mailing Address:

3000 CORAL WAY  
APT. 808  
CORAL GABLES, FL 33145

## New Mailing Address:

3000 CORAL WAY  
SUITE 808  
CORAL GABLES, FL 33145

FEI Number: 20-1757888      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:

CACCHIONE, MAX  
3000 CORAL WAY  
APT. 808  
CORAL GABLES, FL 33145 US

## Name and Address of New Registered Agent:

ROVERSI, ELEONORA  
3000 CORAL WAY  
SUITE 808  
CORAL GABLES, FL 33145 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: ELEONORA ROVERSI

10/10/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ROVERSI, ELEONORA M  
Address: 3000 CORAL WAY, APT. 808  
City-St-Zip: CORAL GABLES, FL 33145

Title: MGR (X) Delete  
Name: CACCHIONE, MAX  
Address: 3000 CORAL WAY, APT. 808  
City-St-Zip: CORAL GABLES, FL 33145

## 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 Section 119.07(3)(i), 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: ELEONORA ROVERSI

MGRM

10/10/2005

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