

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000078664

FILED
Oct 05, 2005
Secretary of State

Entity Name: ROBERT & ASSOCIATES, LLC

Current Principal Place of Business:

10773 N.W. 58 STREET, SUITE 201
MIAMI, FL 33178

New Principal Place of Business:

10773 N.W. 58 STREET, SUITE 201
DORAL, FL 33178

Current Mailing Address:

10773 N.W. 58 STREET, SUITE 201
MIAMI, FL 33178

New Mailing Address:

10773 N.W. 58 STREET, SUITE 201
DORAL, FL 33178

FEI Number: 20-1842318 **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:

ROBERT, ALFREDO
10773 N.W. 58 STREET, SUITE 201
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

ROBERT, ALFREDO
10773 N.W. 58 STREET, SUITE 201
DORAL, FL 33178 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: ALFREDO ROBERT

10/05/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR. () Change (X) Addition
Name: ROBERT, ALFREDO
Address: 10773 N.W. 58 STREET, SUITE 201
City-St-Zip: DORAL, FL 33178 US

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: ALFREDO ROBERT

MGR.

10/05/2005

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