

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000079638

FILED
May 15, 2007
Secretary of State

Entity Name: CONQUEST FINANCIAL SERVICES LLC

Current Principal Place of Business:

500 E BROWARD BLVD
1000
FT LAUDERDALE, FL 33394

New Principal Place of Business:

3370 NE 190 ST
3815
AVENTURA, FL 33180

Current Mailing Address:

500 E BROWARD BLVD SUITE 1000
1000
FT LAUDERDALE, FL 33394

New Mailing Address:

3370 NE 190 ST
3815
AVENTURA, FL 33180

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

SHVARTSMAN, MICHAEL
500 E BROWARD BLVD
1000
FT LAUDERDALE, FL 33394 US

Name and Address of New Registered Agent:

SHVARTSMAN, MICHAEL
3370 NE 190 ST SUITE 3815
3815
AVENTURA, FL 33180 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: MICHAEL SHVARTSMAN

05/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHVARTSMAN, KLARA
Address: 500 E BROWARD BLVD SUITE 1000
City-St-Zip: FT LAUDERDALE, FL 33394

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHVARTSMAN, KLARA
Address: 3370 NE 190 ST SUITE 3815
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify 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: KLARA SHVARTSMAN

OFFI

05/15/2007

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