

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000089245

Entity Name: REAL EVOLUTION, LLC.

FILED  
Jan 23, 2006  
Secretary of State

**Current Principal Place of Business:**

1112 WESTON RD SUITE 238  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

1112 WESTON RD SUITE 238  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 20-1984863      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:**

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

GBS CONSULTANTS  
1290 WESTON ROAD, SUITE 306  
WESTON, FL 33326      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: JORGE FERNANDEZ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: ACOSTA, JORGE  
Address: 4318 LAUREL RIDGE CIR.  
City-St-Zip: WESTON, FL 33331

Title: MGR      ( ) Delete  
Name: RODRIGUEZ, MIRIAM  
Address: 4318 LAUREL RIDGE CIR.  
City-St-Zip: WESTON, FL 33331

**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 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: JORGE ACOSTA

MGR

01/23/2006

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