

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000091802

FILED
Oct 11, 2009
Secretary of State

Entity Name: HARROD EXCLUSIVE REALTY SERVICE, LLC

Current Principal Place of Business:

2730 NE 183 ST. #5
AVENTURA, FL 33160

New Principal Place of Business:

18851 NE 29 AVE
700
AVENTURA, FL 33180

Current Mailing Address:

P O BOX 630223
MIAMI, FL 33163

New Mailing Address:

P O BOX 32084
ST. LOUIS, MO 63132

FEI Number: 59-3789403 **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:

HARROD, LISA
2730 NE 183 ST. #5
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

HARRODS CAPITAL INVESTMENT
18851 NE 29 AVE
700
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: LISA HARROD

10/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR (X) Delete
Name: HARROD, LISA
Address: 2730 NE 183 ST. #5
City-St-Zip: AVENTURA, FL 33160

Title: MGRM () Delete
Name: HARRODS CAPITAL INVESTMENT
Address: PO BOX 630223
City-St-Zip: MIAMI, FL

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 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: LISA HARROD

CEO

10/11/2009

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