

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000011111

1. Entity Name
CDM LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 15 AM 9:26

Principal Place of Business

6102 WEBB RD.
#314
TAMPA, FL 33615

Mailing Address

6102 WEBB RD.
#314
TAMPA, FL 33615

2. Principal Place of Business

2303 N. STERLING AVE

3. Mailing Address

2303 N. STERLING AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10182006 REIN-LLC CR2E101 (11/05)

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

56-2520356

Applied For

Not Applicable

Zip

33607

Country

Zip

33607

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, CARLOS D
6102 WEBB RD.
#314
TAMPA, FL 33615

7. Name and Address of New Registered Agent

Name
CARLOS DIAZ

Street Address (P.O. Box Number is Not Acceptable)

2303 N. STERLING AVE

City
TAMPA

FL

Zip Code

33607

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
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CITY-ST-ZIP

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CARLOS DIAZ

11-6-06

REINSTATEMENT 2006