

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Oct 25, 2006**  
**Secretary of State**

DOCUMENT# L05000018726

**Entity Name:** MALO HOLDINGS, LLC

**Current Principal Place of Business:**

C/O JOEL R. LAVENDER, P.A.  
507 SOUTHEAST 11TH COURT  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JOEL R. LAVENDER, P.A.  
507 SOUTHEAST 11TH COURT  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

C/O IVAN PUENTE  
P.O. BOX 480159  
FORT LAUDERDALE, FL 333480159

**FEI Number:** 20-2495591      **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:**

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

LAVENDER, JOEL R ESQ  
507 SOUTHEAST 11TH COURT  
FORT LAUDERDALE, FL 33316      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: JOEL LAVENDER, ESQ.

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: PUENTE, IVAN  
Address: PO BOX 480159  
City-St-Zip: FORT LAUDERDALE, FL 333480159

**ADDITIONS/CHANGES:**

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: IVAN PUENTE

MGMR

10/25/2006

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