

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000030132

**FILED**  
**Feb 18, 2008**  
**Secretary of State**

**Entity Name:** GOTAY RN CONSULTING ASSOCIATES LLC

**Current Principal Place of Business:**

15633 SW 85TERRACE  
MIAMI, FL 33193

**New Principal Place of Business:**

280 SW 20TH ROAD  
PH207  
MIAMI, FL 33129

**Current Mailing Address:**

15633 SW 85TERRACE  
MIAMI, FL 33193

**New Mailing Address:**

280 SW 20TH ROAD  
PH207  
MIAMI, FL 33129

**FEI Number:** 20-2591796      **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:**

GOTAY, SANDRA  
15633 SW 85TERRACE  
MIAMI, FL 33193    US

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

GOTAY, SANDRA  
280 SW 20TH ROAD  
PH 207  
MIAMI, FL 33193 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: SANDRA GOTAY

02/18/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: GOTAY, SANDRA  
Address: 15633 SW 85TERRACE  
City-St-Zip: MIAMI, FL 33193

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: GOTAY, SANDRA  
Address: 280 SW 20TH ROAD PH 207  
City-St-Zip: MIAMI, FL 33129

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: SANDRA GOTAY

MGR

02/18/2008

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