

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000033768

**FILED**  
**Dec 04, 2007**  
**Secretary of State**

**Entity Name:** PROPERTY MASTERS,LLC.

**Current Principal Place of Business:**

6117 SW 31 STREET  
MIRAMAR, FL 33023

**New Principal Place of Business:**

6608 S.W. 20TH. STREET  
MIRAMAR, FL 33023

**Current Mailing Address:**

6117 SW 31 STREET  
MIRAMAR, FL 33023

**New Mailing Address:**

6608 S.W. 20TH. STREET  
MIRAMAR, FL 33023

**FEI Number:** 30-0406511      **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:**

VELEZ, ANGEL E II  
6117 SW 31 STREET  
MIRAMAR, FL 33023    US

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

VELEZ, ANGEL E II  
6608 S.W. 20TH. STREET  
MIRAMAR, FL 33023    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: ANGEL E. VELEZ II

12/04/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: VELEZ, ANGEL E II  
Address: 6117 SW 31 ST  
City-St-Zip: MIRAMAR, FL 33023

**ADDITIONS/CHANGES:**

Title: PRES      (X) Change      ( ) Addition  
Name: VELEZ, ANGEL E II  
Address: 6608  
City-St-Zip: MIRAMAR, FL 33023

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: ANGEL E. VELEZ II

PRES

12/04/2007

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