

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000054032

**FILED**  
**Sep 27, 2006**  
**Secretary of State**

**Entity Name:** L & M COMMUNICATIONS LLC

**Current Principal Place of Business:**

6758 NW 199TH ST  
MIAMI, FL 33015

**New Principal Place of Business:**

2016 N.89TH AVE  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

6758 NW 199TH ST  
MIAMI, FL 33015

**New Mailing Address:**

2016 N.89TH AVE  
PEMBROKE PINES, FL 33024

**FEI Number:** 33-1032574

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAIN, LYNDEN A  
6758 NW 199TH ST  
MIAI, FL 33015 US

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

CAIN, LYNDEN A  
2016 N.89TH AVE  
PEMBROKE PINES, FL 33024 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: LYNDEN A.CAIN

09/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CAIN, LYNDEN A  
Address: 6758 NW 199TH ST  
City-St-Zip: MIAMI, FL 33015

**ADDITIONS/CHANGES:**

Title: OWNE (X) Change ( ) Addition  
Name: CAIN, LYNDEN A OWNER  
Address: 2016 N.89TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33024

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: LYNDEN A.CAIN

OWNE

09/27/2006

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