

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000058598

FILED
Oct 13, 2006
Secretary of State

Entity Name: CODE CONSULTING SERVICES, LLC

Current Principal Place of Business:

407 LINCOLN ROAD, SUITE #300
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

407 LINCOLN ROAD, SUITE #300
MIAMI BEACH, FL 33139

New Mailing Address:

P.O. BOX 402792
MIAMI BEACH, FL 33140

FEI Number: 20-2998253 **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:

VARGAS, ARTURO
407 LINCOLN ROAD, SUITE #300
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

VARGAS, ARTURO
407 LINCOLN ROAD, SUITE
#300
MIAMI BEACH, FL 33139 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: ARTURO VARGAS

10/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: VARGAS, ARTURO U
Address: P.O. BOX 402792
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGR () Change (X) Addition
Name: CHIBRAS, MIGUEL A
Address: P.O. BOX 402792
City-St-Zip: MIAMI BEACH, FL 33140 US

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: ARTURO VARGAS

MGR

10/13/2006

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