

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000061027

FILED
Sep 18, 2006
Secretary of State

Entity Name: ELIAS LLC

Current Principal Place of Business:

1112 WESTON RD.
229
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1112 WESTON RD.
229
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-5552502 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:

Name and Address of New Registered Agent:

SANSEVIERO, NICOLAS
16561 LAKE TREE DR.
WESTON, FL 33326 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: NICOLAS SANSEVIERO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DOMINGO, JORGE
Address: 16561 LAKE TREE DR.
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: MARIA, JORGE C
Address: 16561 LAKE TREE DR.
City-St-Zip: WESTON, FL 33326

Title: MGR (X) Delete
Name: NICOLAS, SANSEVIERO R
Address: 16561 LAKE TREE DR.
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JORGE DOMINGO

MGR

09/18/2006

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