

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000061027		
1. Entity Name ELIAS LLC		

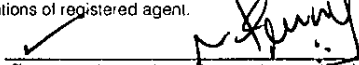
Principal Place of Business 1112 WESTON RD. 229 WESTON, FL 33326	Mailing Address 1112 WESTON RD. 229 WESTON, FL 33326
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2. Principal Place of Business - No P.O. Box # 3470 SW 149th AVE	3. Mailing Address 3470 SW 149th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FL	City & State MIAMI, FL
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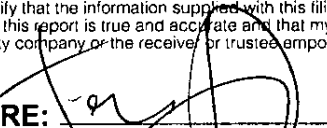
Zip 33185	Country USA	Zip 33185	Country USA
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6. Name and Address of Current Registered Agent SANSEVIERO, NICOLAS 16561 LAKE TREE DR. WESTON, FL 33326		7. Name and Address of New Registered Agent Name ERNESTO TRENARD Street Address (P.O. Box Number is Not Negotiable) 3470 SW 149th AVE City MIAMI FL Zip Code 33185	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOMINGO, JORGE 16561 LAKE TREE DR. WESTON, FL 33326 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOMINGO, JORGE 3470 SW 149th AVE MIAMI FL 33185 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARIA, JORGE C 16561 LAKE TREE DR. WESTON, FL 33326 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARIA JORGE C 3470 SW 149th AVE MIAMI FL 33185 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600159274566 08/05/09--01029--005 **277.50 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2008-09 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. HAWKES AUG 12 2009 ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 608, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made by the 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: 	EXAMINER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date

FILED
09 AUG 11 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08032009 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-5552502	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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