

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 APR 23 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04112007 REIN-LLC CR2E101 (1/07)

4. FEI Number **27-0127742** ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L05000072167

1. Entity Name  
COMPLIANCE INFORMATION, LLC



Principal Place of Business  
14923-A SW 12LN  
MIAMI, FL 33194

Mailing Address  
14923-A SW 12LN  
MIAMI, FL 33194

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOTO, LIZETTE  
14923-A SW 12LN  
MIAMI, FL 33194

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$100.00

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☒ Addition  
P. SOTO, LIZETTE  
14923-A SW 12<sup>th</sup> LN  
MIAMI, FL 33194

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition  
04/05/06 90020 010 \$ 50.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition  
800101768758  
05/08/07--01006--015 \*\*50.00

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 ☐ Change ☐ Addition  
REINSTATEMENT 06-07

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/12/07 (805)255-4325

Date

Daytime Phone #

FILED

2007 APR 23 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 12, 2007

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Compliance Information, LLC Doc# L05000072167  
14923-A SW 12<sup>th</sup> Lane  
Miami, FL 33194  
President: Lizette Soto

To Whom It May Concern:

This is in regards the Annual Report for the year 2006. Please note that I didn't receive any prior notice stating the missing information needed. I was not aware of this Non-filing. Attach I'm sending you the Reinstatement Form 2007 with a check amount of \$50.00 which correspond to the year 2007.

Please make note of this and make the adjustments necessary.

If you have any question regarding this, please feel free to contact me at your most convenient time at (305) 255-4325.

Thank you,

Sincerely,



Lizette Soto  
President