

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000093460

Entity Name: THE SUMMIT GROUP, LLC.

FILED
Oct 07, 2008
Secretary of State

Current Principal Place of Business:

13615 S. DIXIE HIGHWAY
406
MIAMI, FL 33176

Current Mailing Address:

13615 S. DIXIE HIGHWAY
406
MIAMI, FL 33176

New Principal Place of Business:

9703 S. DIXIE HWY
4
PINECREST, FL 33156

New Mailing Address:

9703 S. DIXIE HWY
4
PINECREST, FL 33156

FEI Number: 20-8311151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, PETER O
13615 S. DIXIE HIGHWAY
406
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

GARCIA, PETER O
13999 OLD CUTLER ROAD
MIAMI, FL 33178 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: PETER GARCIA

10/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GARCIA, PETER O
Address: 13615 S. DIXIE HIGHWAY
City-St-Zip: MIAMI, FL 33176

Title: MGRM () Delete
Name: GARCIA, CECILIA
Address: 13615 S. DIXIE HIGHWAY
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GARCIA, PETER O
Address: 13999 OLD CUTLER ROAD
City-St-Zip: MIAMI, FL 33178

Title: MGRM (X) Change () Addition
Name: GARCIA, CECILIA
Address: 13999 OLD CUTLER ROAD
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify 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: PETER GARCIA

OWNE

10/07/2008

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