

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000094079

Entity Name: HARTURA, LLC

FILED  
Oct 30, 2006  
Secretary of State

**Current Principal Place of Business:**

9761 NW 45TH LANE  
MIAMI, FL 33178 US

**New Principal Place of Business:**

8220 SW 152 ST  
MIAMI, FL 33157 US

**Current Mailing Address:**

9761 NW 45TH LANE  
MIAMI, FL 33178 US

**New Mailing Address:**

8220 SW 152 ST  
MIAMI, FL 33157 US

FEI Number: 20-3617581

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

ARROYO, SOLOMON T  
8220 SW 152 ST  
MIAMI, FL 33157 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: SOLOMON ARROYO

10/30/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ARROYO, ANNIE  
Address: 1801 BRICLELL KEY BOULEVARD, APT. 2302  
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM ( ) Delete  
Name: ARROYO, SOLOMON  
Address: 9761 NW 45TH LANE  
City-St-Zip: MIAMI, FL 33178 US

**ADDITIONS/CHANGES:**

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: SOLOMON ARROYO

MGR

10/30/2006

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