

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000094984

Entity Name: 2C11 LLC

**FILED**  
**Oct 23, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

90 EDGEWATER DRIVE  
304  
CORAL GABLES, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

90 EDGEWATER DRIVE  
304  
CORAL GABLES, FL 33133 US

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SOLARES, MIGUEL A  
90 EDGEWATER DRIVE  
304  
CORAL GABLES, FL 33133 US

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

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: MIGUEL SOLARES

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SOLARES, MIGUEL A  
Address: 90 EDGEWATER DRIVE APT 304  
City-St-Zip: CORAL GABLES, FL 33133

Title: MGR (X) Delete  
Name: CASANOVA-SOLARES, OLGAMARIA  
Address: 90 EDGEWATER DRIVE APT 304  
City-St-Zip: CORAL GABLES, FL 33133

**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: MIGUEL SOLARES

MGR

10/23/2006

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