

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000095382

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: CYRUS FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

C/O R. ROCHETEAU, 10305 N.W. 41 STREET  
111  
DORAL, FL 33178 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O R. ROCHETEAU, 10305 N.W. 41 STREET  
111  
DORAL, FL 33178 US

**New Mailing Address:**

FEI Number: 30-0336435

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ROCHETEAU, RALPH  
10305 N.W. 41 STREET  
111  
DORAL, FL 33178 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: RALPH ROCHETEAU

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MARINO, JAMES A  
Address: 873-16 COUNTRY CLUB DRIVE  
City-St-Zip: SIMI VALLEY, CA 93020

Title: MGRM ( ) Delete  
Name: MARINO, JOANNE K  
Address: 8733-16 COUNTRY CLUB DRIVE  
City-St-Zip: SIMI VALLEY, CA 93020

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: MARINO, JOANNE K  
Address: 8733-16 COUNTRY CLUB DRIVE  
City-St-Zip: SIMI VALLEY, CA 93020

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: JAMES A. MARINO

MGRM

04/23/2008

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