

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000108402

Entity Name: JACMAZ LLC

FILED
Sep 21, 2006
Secretary of State

Current Principal Place of Business:

19707 TURNBERRY WAY
NORTH TOWER UNIT 28A
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

19707 TURNBERRY WAY
NORTH TOWER UNIT 28A
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 20-3757026 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ARS & ASSOCIATES INC
20810 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 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: ANDREW SOCOL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ATTIA, SIMON
Address: 19707 TURNBERRY WAY #28A
City-St-Zip: AVENTURA, FL 33180 US

Title: MGR () Delete
Name: ATTIA, YOANN
Address: 19707 TURNBERRY WAY #28A
City-St-Zip: AVENTURA, FL 33180 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: ATTIA, CLAUDETTE
Address: 19707 TURNBERRY WAY #28A
City-St-Zip: AVENTURA, FL 33180 US

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: SIMON ATTIA

MGR

09/21/2006

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