

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000108635

1. Entity Name  
DEMP INVESTMENTS & CONSULTING, LLC



Principal Place of Business  
1066 NW 129TH AVENUE  
MIAMI, FL 33182

Mailing Address  
1066 NW 129TH AVENUE  
MIAMI, FL 33182

2. Principal Place of Business - No P.O. Box #  
10043 COSTA DEL SOL BLV.

3. Mailing Address  
SAHE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
DORAL, FL

City & State

Zip  
33178

Country  
U.S.A.

Zip

Country

03052007 REIN-LLC CR2E101 (1/07)

4. FEI Number  
76-0806938

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

FERNANDEZ, ALVARO  
1066 NW 129TH AVENUE  
MIAMI, FL 33182

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/19/07  
DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete  
NAME FERNANDEZ, ALVARO  
STREET ADDRESS 1066 NW 129TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33182

TITLE MGR ☒ Delete  
NAME MORALES, LUZ A  
STREET ADDRESS 1066 NW 129TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33182

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 800101935408  
CITY-ST-ZIP 05/09/07--01008--006 \*\*200.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/19/07  
Date

786-277-6129  
Daytime Phone #

FILED

2007 APR 17 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07