

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000115505

**FILED**  
**Oct 27, 2009**  
**Secretary of State**

**Entity Name:** SPECTRUM COMMUNICATIONS INTERNATIONAL, LLC

**Current Principal Place of Business:**

942 LENOX AVE  
#14  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

79 SW 12TH STREET  
#4001  
MIAMI, FL 33130 US

**Current Mailing Address:**

942 LENOX AVE  
#14  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

PO BOX 1096  
MIAMI BEACH, FL 33119

**FEI Number:** 20-3879479      **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:**

SPENCER, MIGUEL J  
942 LENOX AVE  
#14  
MIAMI BEACH, FL 33119 US

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

SPENCER, MIGUEL J  
79 SW 12TH STREET  
#4001  
MIAMI, FL 33130 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: MIGUEL SPENCER

10/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SPENCER, MIGUEL J  
Address: PO BOX 1096  
City-St-Zip: MIAMI BEACH, FL 33119 US

**ADDITIONS/CHANGES:**

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

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: MIGUEL SPENCER

MGRM

10/27/2009

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