

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000117344

Entity Name: CIPECOL LC

FILED  
Oct 08, 2007  
Secretary of State

**Current Principal Place of Business:**

11363 NW 65TH STREET  
DORAL, FL 33178

**New Principal Place of Business:**

5947 NW 102 AVE  
DORAL, FL 33178

**Current Mailing Address:**

11363 NW 65TH STREET  
DORAL, FL 33178

**New Mailing Address:**

5947 NW 102 AVE  
DORAL, FL 33178

FEI Number: 20-3908214      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:**

RIMA, SALOMON  
11363 NW 65TH STREET  
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: SALOMON RIMA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RIMA, SALOMON  
Address: 11363 NW 65TH STREET  
City-St-Zip: DORAL, FL 33178

Title: MGRM ( ) Delete  
Name: RIMA, ELIAS  
Address: 5181 NW 115 COURT  
City-St-Zip: DORAL, FL 33178

Title: MGRM (X) Delete  
Name: NASSIFF, DIANA I  
Address: 11363 NW 65TH STREET  
City-St-Zip: DORAL, FL 33178

**ADDITIONS/CHANGES:**

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

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 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: SALOMON RIMA

MGR

10/08/2007

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