

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Oct 09, 2007
Secretary of State**

DOCUMENT# L06000008955

Entity Name: PROMONTORY PARTNERS NICA, LLC

Current Principal Place of Business:

10 N. SUMMERLIN AVE.
31
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

10 N. SUMMERLIN AVE.
31
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

BROWN, GREGORY N
10 N. SUMMERLIN AVE.
31
ORLADNO, FL 32801 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: GREGORY N. BROWN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: BROWN, GREGORY N
Address: 10 N. SUMMERLIN AVE. # 31
City-St-Zip: ORLANDO, FL 32081 US

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

Title: MGR () Delete
Name: FEOLA, SALVATORE
Address: 4504 BIG HORN CT.
City-St-Zip: ANTIOCH, CA 94509 US

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: FEOLA, BRENDA
Address: 4504 BIG HORN CT.
City-St-Zip: ANTIOCH, CA 94509

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: GREGORY N. BROWN

MGRM

10/09/2007

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