

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000028441

FILED
Sep 28, 2007
Secretary of State

Entity Name: HEXAGON FINANCIAL MANAGEMENT, LLC

Current Principal Place of Business:

536 BILTMORE WAY
CORAL GABLES, FL 33134

New Principal Place of Business:

7204 NW 84 AVENUE
MEDLEY, FL 33166 US

Current Mailing Address:

536 BILTMORE WAY
CORAL GABLES, FL 33134

New Mailing Address:

7204 NW 84 AVENUE
MEDLEY, FL 33166 US

FEI Number: 20-4521319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTIZ, ROBERTO J ESQ.
% CUEVAS & ORTIZ, P.A.
536 BILTMORE WAY
CORAL GABLES, FL 33134 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: ROBERTO J ORTIZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAN IGNACIO, JAIME
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: SAN IGNACIO, ESTHER
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: DE BONNEMAISON, SILVANA G
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SAN IGNACIO, JAIME
Address: 7204 NW 84 AVENUE
City-St-Zip: MEDLEY, FL 33166

Title: MGRM (X) Change () Addition
Name: SAN IGNACIO, ESTHER
Address: 7204 NW 84 AVENUE
City-St-Zip: MEDLEY, FL 33166

Title: MGRM (X) Change () Addition
Name: DE BONNEMAISON, SILVANA G
Address: 7204 NW 84 AVENUE
City-St-Zip: MEDLEY, FL 33166

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: SILVANA G DE BONNEMAISON

MGRM

09/28/2007

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