

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000054891

**FILED**  
**Dec 03, 2009**  
**Secretary of State**

**Entity Name:** SIXTY SIXTY 706 AND 906

**Current Principal Place of Business:**

5251 NE 26 AVE  
LIGHTHOUSE POINT, FL 33064

**New Principal Place of Business:**

12741 SW 187 TERRACE  
MIAMI, FL 33177

**Current Mailing Address:**

5251 NE 26 AVE  
LIGHTHOUSE POINT, FL 33064

**New Mailing Address:**

12741 SW 187 TERRACE  
MIAMI, FL 33177

**FEI Number:** 20-8528035

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRUONG, CANH  
12741 SW 187 TERRACE  
MIAMI, FL 33177 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: CANH TRUONG

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TRUONG, CANH  
Address: 12741 SW 187 TERRACE  
City-St-Zip: MIAMI, FL 33177

Title: MGR ( ) Delete  
Name: TRUONG, YENVY  
Address: 5251 NE 26 AVE  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: TRUONG, YENVY  
Address: 164 MURICA AISLE  
City-St-Zip: IRVINE, CA 92614

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: YENVY TRUONG

MRS.

12/03/2009

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