2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000061709

City-St-Zip:

HIALEAH, FL 33016

Entity Name: NETPATIO SYSTEMS LLC

FILED Oct 13, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
11385 NW DORAL, F		9831 N.W. 58TH ST. UNIT # 151 DORAL, FL 33178		
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
7348 WEST 20TH AVE HIALEAH, FL 33016		9831 N.W. 58TH ST. UNIT # 151 DORAL, FL 33178	UNIT # 151	
	: 20-5068535 FEI Number Applied For ice with s. 607.193(2)(b), F.S., the limited liab	() FEI Number Not Applicable () Certificate of S ility company did not receive the prior notice.	Status Desired ()	
Name and	l Address of Current Registered Ago	ent: Name and Address of New Register	ed Agent:	
CONTREF 11385 NW DORAL, F				
	e named entity submits this statement for e of Florida.	or the purpose of changing its registered office or registe	ered agent, or both,	
SIGNATUI	RE: KARLA CONTRERAS			
	Electronic Signature of Register	ed Agent Date		
MANAGING	MEMBERS/MANAGERS:	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGMR () Delete CONTRERAS, KARLA 11385 NW 77 LANE DORAL, FL 33178	Title: () Change () Add Name: Address: City-St-Zip:	lition	
Title: Name: Address: City-St-Zip:	MGMR () Delete ACOSTA, BORIS 7348 W 20 AVE HIALEAH, FL 33016	Title: () Change () Add Name: Address: City-St-Zip:	lition	
Title: Name: Address: City-St-Zip:	MGRM () Delete GOMEZ, JOSE L 7348 W 20 AVE HIALEAH, FL 33016	Title: () Change () Add Name: Address: City-St-Zip:	lition	
Title: Name: Address: City-St-Zip:	MGRM () Delete GAITAN, NUBIA S 7348 W 20 AVE HIALEAH, FL 33016	Title: () Change () Add Name: Address: City-St-Zip:	lition	
Title: Name: Address:	MGRM () Delete CARMONA, JULIAN A 7348 W 20 AVE	Title: () Change() Add Name: Address:	lition	

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.

City-St-Zip:

SIGNATURE: KARLA CONTRERAS MGMR 10/13/2009