

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000061947

Entity Name: A TOUCH OF CLASS LLC

FILED  
Jun 29, 2008  
Secretary of State

**Current Principal Place of Business:**

5498 NW 94 TERRACE  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

5498 NW 94 TERRACE  
SUNRISE, FL 33351

**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:**

ONDARROA, PEDRO  
5498 NW 94 TERRACE  
SUNRISE, FL 33351 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: PEDRO ONDARROA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ORTIZ, RENIS J  
Address: 14733 VISTA LUNA DR  
City-St-Zip: DAVIE, FL

Title: MGR ( ) Delete  
Name: ORTIZ, SILVIA  
Address: 14733 VISTA LUNA DR  
City-St-Zip: DAVIE, FL

Title: MGR ( ) Delete  
Name: ONDARROA, PEDRO  
Address: 5498 NW 94 TERRACE  
City-St-Zip: SUNRISE, FL 33351

Title: MGR ( ) Delete  
Name: ORTIZ, YUMELY  
Address: 5498 NW 94 TERRACE  
City-St-Zip: SUNRISE, FL 33351

**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:

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: PEDRO ONDARROA

MGR

06/29/2008

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