

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L06000066733**

1. Entity Name  
CANSAC GROUP, LLC



FILED

2007 DEC -4 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
~~3201 NW 7TH AVE~~  
~~MIAMI, FL 33127~~

Mailing Address  
~~3201 NW 7TH AVE~~  
~~MIAMI, FL 33127~~

2. Principal Place of Business - No P.O. Box #  
782 NW 42ND AVENUE  
Suite, Apt. #, etc.  
#430  
City & State  
MIAMI FLORIDA  
Zip  
33126  
Country  
USA

3. Mailing Address  
782 NW 42ND AVENUE  
Suite, Apt. #, etc.  
#430  
City & State  
MIAMI FLORIDA  
Zip  
33126  
Country  
USA

11202007 REIN-LLC CR2E101 (1/07)

4. FEI Number  
**20-5143168**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~DIAZ, LOURDES~~  
~~3201 NW 7TH AVE~~  
~~MIAMI, FL 33127~~

7. Name and Address of New Registered Agent

Name  
JUAN L MALDONADO

Street Address (P.O. Box Number is Not Acceptable)  
1020 6TH STREET

City  
MIAMI BEACH FL Zip Code  
33139

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Juan L. Maldonado* Juan L. Maldonado 11/26/07  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2008, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <del>DIAZ, LOURDES</del> <del>130 NW 51 AVE</del> <del>MIAMI, FL 33126</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPERATING MANAGER/SECRETARY JUAN L MALDONADO 1020 6TH STREET MIAMI BEACH FL, 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000112702120 11/29/07--01050--001 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Juan L. Maldonado* Juan L. Maldonado 11/26/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #