

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000067186

FILED
Oct 28, 2008
Secretary of State

Entity Name: PREMIER VALET SERVICES LLC

Current Principal Place of Business:

12 PHOENETIA AVE
APT # 4
CORAL GABLES, FL 33134 US

New Principal Place of Business:

3807 SW 82 AVE.
APT # 17
MIAMI, FL 33155 US

Current Mailing Address:

12 PHOENETIA AVE
APT # 4
CORAL GABLES, FL 33134 US

New Mailing Address:

3807 SW 82 AVE.
APT # 17
MIAMI, FL 33155 US

FEI Number: 20-5158860 FEI Number Applied For () FEI Number Not Applicable () 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:

PACHECO, ROBERTO J
12 PHOENETIA AVE
APT # 4
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PACHECO, ROBERTO J
3807 SW 82 AVE.
APT # 17
MIAMI, FL 33155 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: ROBERTO J. PACHECO

10/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PACHECO, ROBERTO J
Address: 12 PHOENETIA AVE APT # 4
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PACHECO, ROBERTO J
Address: 3807 SW 82 AVE. APT. 17
City-St-Zip: MIAMI, FL 33155 US

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: ROBERTO J. PACHECO

MGRM

10/28/2008

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