## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

REINST		f.berrage ,		
DOCUMENT # L06000071848				
1. Entity Name SERVICIOS PROFECIONALES LLC				2007 DEC 28 A 10: 110
Principal Place of Business	Mailing Address			,Fr
8889 FOUNTAINE BLEAU BLVD			TA	LEANISSEE, LORIDA
104   MIAMI, FL 33172	104 33172 MIAMI, FL 33172		1 1000000 000 0000 0000 0000	
Principal Place of Business - No P.O. Box #				
Suite, Apt. #, etc. Suite, Apt. #, etc.			12102007 REIN-LL	.C CR2E101 (1/07)
City & State City & State			4. FEI Number 20 - 80 9 3	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status D	\$5.00 Additional
6. Name and Address of Current	Registered Agent		7. Name and Address o	<del></del>
TOLE, NURY		Name	ry Tole Bar	ramon
8889 FOUNTAIN BLEAU BLVD		<b>35</b>	kes OP.O. Ber Number is Not Ac	on Bleau Bird
104 MIAMI, FL 33172				
		~ M.E	ımi	FL 🤧 🦎 72
The above named entity submits this statement to the obligations of registered agent.	or the purpose of changing its r	registered office or r	egistered agent, or both, in the Sta	ite of Florida. I am familiar with, and accept
SIGNATURE 🔀			TOLE BAHAMON	12/0/07
Signature, haved or printed name of indistance pacific	and title if applicable. (NOTE:	: Registered Agent signatu	re required when reinstating)	DATE
FILE NOW!!! FEE IS \$50.00 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 MEMBE	ERS/MANAGERS	10.		TIONS/CHANGES
INTLE MICH. NAME TOLE, NURY	Delete-		16R July Tole Bana	mon Addition Addition
STREET ADDRESS POBOX 352403	EET ADDRESS POBOX 352403		3889 Fountain	Broad Blud # 104
CITY-ST-ZIP MIAWIT, FL 33135	☐ Delele	CITY-ST-ZIP (	MiAmi 7 L 3	3172 Change Addition
NAME	L Delete	NAME		_ , _
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CITY-ST-ZIP		CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TIFLE NAME	☐ Delete	TITLE NAME		🗀 Change 🔲 Addition
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CITY-SI-ZIP	По.::	CITY-S1-ZIP		Character Desirion
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STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	•	
INTLE	☐ Delete		THE WAS TRANSPORTED IN	Change Addition
NAME STORY ADDRESS		NAME CARREST APPROACH	e diaie	WICH 67
STREET ADDRESS CITY-SI-ZIP		CITY-ST-ZIP		- Maria Cara Cara Cara Cara Cara Cara Cara
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				
SIGNATURE: X SIGNA				
SIGNATURE: X J J J J J J J J J J J J J J J J J J				