

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000082309

Entity Name: LG GROUP LLC

FILED
Dec 07, 2007
Secretary of State

Current Principal Place of Business:

9737 NW 41 STREET
SUITE 149
DORAL, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

9737 NW 41 STREET
SUITE 149
DORAL, FL 33178 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

Name and Address of New Registered Agent:

GODOY, ARMANDO
9737 NW 41 STREET
SUITE 149
DORAL, FL 33178 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: ARMANDO GODOY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GODOY, ARMANDO
Address: 9737 NW 41 STREET # 149
City-St-Zip: DORAL, FL 33178 US

Title: MGRM () Delete
Name: LAZO, ELEANA
Address: 9737 NW 41 STREET # 149
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: GODOY, DIEGO A
Address: 9737 NW 41 STREET # 149
City-St-Zip: DORAL, FL 33178 US

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:

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: ARMANDO GODOY

MGRM

12/07/2007

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