

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000100973

Entity Name: PS7, LLC

FILED
Oct 11, 2007
Secretary of State

Current Principal Place of Business:

1005 MERIDIAN AVENUE #6
MIAMI BEACH, FL 33139

New Principal Place of Business:

1034 PENNSYLVANIA AVENUE
APT. #9
MIAMI BEACH, FL 33139

Current Mailing Address:

1510 PIZARRO STREET
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 26-1219788 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STANCIOFF, LISSETTE S ESQ
3801 HARLANO STREET
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: LISSETTE STANCIOFF

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SUAREZ, JACLYN
Address: 1005 MERIDIAN AVENUE #6
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: PAGAN, VERONIKA
Address: 1005 MERIDIAN AVENUE #6
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SUAREZ, JACLYN
Address: 1034 PENNSYLVANIA AVENUE APT. #9
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM (X) Change () Addition
Name: PAGAN, VERONIKA
Address: 1034 PENNSYLVANIA AVENUE APT. #9
City-St-Zip: MIAMI BEACH, FL 33139

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: JACLYN MARIE SUAREZ

MGRM

10/11/2007

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