

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000107289

FILED
Oct 17, 2009
Secretary of State

Entity Name: MMIC, LLC.

Current Principal Place of Business:

12387 NW 15 STREET
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

12387 NW 15 STREET
PEMBROKE PINES, FL 33026 US

New Mailing Address:

FEI Number: 20-5828913 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

MACKINTOSH, MEGAN J
12387 NW 15 STREET
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

MACKINTOSH, MARGARET R
12387 NW 15 STREET
PEMBROKE PINES, FL 33026 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: MARGARET R MACKINTOSH

10/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MACKINTOSH, MEGAN J
Address: 12387 NW 15 STREET
City-St-Zip: PEMBROKE PINES, FL 33026 US

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: MACKINTOSH, MARGARET R
Address: 12387 NW 15 STREET
City-St-Zip: PEMBROKE PINES, FL 33026 US

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: MARGARET R MACKINTOSH

MGRM

10/17/2009

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