

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000023206

**FILED**  
**Dec 09, 2008**  
**Secretary of State**

**Entity Name:** E TOWERS, LLC

**Current Principal Place of Business:**

201 ALHAMBRA CIRCLE, STE G01  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

201 ALHAMBRA CIRCLE, STE 201  
CORAL GABLES, FL 33134

**Current Mailing Address:**

201 ALHAMBRA CIRCLE, STE G01  
CORAL GABLES, FL 33134

**New Mailing Address:**

201 ALHAMBRA CIRCLE, STE 201  
CORAL GABLES, FL 33134

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **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:**

FIELDSTONE, RONALD R  
201 ALHAMBRA CIRCLE, STE G01  
CORAL GABLES, FL 33134    US

**Name and Address of New Registered Agent:**

FIELDSTONE, RONALD R  
201 ALHAMBRA CIRCLE, STE 201  
CORAL GABLES, FL 33134    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: RONALD R. FIELDSTONE

12/09/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      SANDERS, JOEL  
Address:                      201 ALHAMBRA CIRCLE, STE. 601  
City-St-Zip:                      CORAL GABLES, FL 33134

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      LUBECK, JOSEPH G  
Address:                      201 ALHAMBRA CIRCLE, SUITE 601  
City-St-Zip:                      CORAL GABLES, FL 33134

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: JOEL SANDERS

MGR

12/09/2008

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