

Oct-15-08 01:28pm

F-709 THE WILLIAMS LAW FIRM PA

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302) 575-0875
Fax Number : (302) 575-0925

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 OCT 15 AM 8:08

LIMITED LIABILITY REINSTATEMENT

MARCOMS INTERNATIONAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$238.75

J. BRYAN

OCT 16 2008

EXAMINER

RECEIVED

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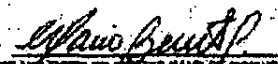
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**2008 LIMITED LIABILITY COMPANY
REINSTATEMENT**FILED STATE
SECRETARY OF CORPORATIONS
08 OCT 15 AM 8:08

DOCUMENT # L07000029928					
1. Entity Name MARCOMS INTERNATIONAL, LLC					
Principal Place of Business 18851 NE 29TH AVENUE, STE 900 AVENTURA, FL 33180			Mailing Address 18851 NE 29TH AVENUE, STE 900 AVENTURA, FL 33180		
2. Principal Place of Business - No P.O. Box # 111 NE 2ND AVE			3. Mailing Address 111 NE 2ND AVE		
Suite, Apt. #, etc. APT 1803			Suite, Apt. #, etc. APT 1803		
City & State MIAMI, FLORIDA			City & State MIAMI, FLORIDA		
Zip 33132		Country USA		10132008 REIN-LLC CR2E101 (1/07)	
4. FEI Number				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROTH, LEONARDO A ESQ 18851 NE 29TH AVENUE, STE 900 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Agents and Corporations, Inc. 300 Fifth Avenue South, Suite 101-330 Naples, FL 34102		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 10/15/08					
FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENITES, MARIO 18851 NE 29TH AVENUE, STE 900 AVENTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENITES, MARIO 111 NE 2ND AVE, APT 1803 MIAMI, FL 33132	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENITES, JUAN 18851 NE 29TH AVENUE, STE 900 AVENTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENITES, JUAN 111 NE 2ND AVE, APT 1803 MIAMI, FL 33132	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENITES, GERMAN 18851 NE 29TH AVENUE, STE 900 AVENTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENITES, GERMAN 111 NE 2ND AVE, ART 1803 MIAMI, FL 33132	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
REINSTATEMENT 2008					
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. 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 605, Florida Statutes.					
SIGNATURE:  MARIO BENITES DATE: 15-OCT-2008					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					