

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000062122

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: SANSIM CONVERSIONS, LLC

**Current Principal Place of Business:**

12930 SW 128TH STREET  
SUITE 104  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

12930 SW 128TH STREET  
SUITE 104  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 26-0341300      FEI Number Applied For ( )      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:**

SIMON, STEVE  
12930 SW 128TH STREET #104  
SUITE 104  
MIAMI, FL 33186 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: STEVE SIMON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SIMON, STEVE  
Address: 12930 SW 128TH STREET #104  
City-St-Zip: MIAMI, FL 33186

Title: MGRM ( ) Delete  
Name: SANCHEZ, RENE J  
Address: 12930 SW 128TH STREET #104  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES:**

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: STEVE SIMON

MGRM

02/24/2009

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