# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000070093

**Entity Name:** FV SERVICES, LLC

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 4632 NW 107 AVE<br>2002<br>MIAMI, FL 33178 | 8401 NW 107TH CT<br>APT 1<br>DORAL, FL 33178 US |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| 4632 NW 107 AVE<br>2002<br>MIAMI, FL 33178 | 8401 NW 107TH CT<br>APT 1<br>DORAL, FL 33178 US |

FEI Number: 26-0483537        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:** |
|---|---|
| VIGUIE, FABIAN<br>4632 NW 107 AVE<br>2002<br>MIAMI, FL 33178 US | THE EXECUTIVE FINANCIAL GROUP<br>10181 NW 58TH ST<br>SUITE 9<br>DORAL, FL 33178 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: FREDD MONTOYA                                           12/22/2008
_____
                Electronic Signature of Registered Agent                              Date

**MANAGING MEMBERS/MANAGERS:**

| | |
|---|---|
| Title: | MGRM        ( ) Delete |
| Name: | VIGUIE, FABIAN |
| Address: | 4632 NW 107 AVE # 2002 |
| City-St-Zip: | MIAMI, FL 33178 |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | MGRM        (X) Change ( ) Addition |
| Name: | VIGUIE, FABIAN |
| Address: | 8401 NW 107TH CT APT 1 |
| City-St-Zip: | DORAL, FL 33178 US |

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: FAVIAN VIGUIE                                  MGRM          12/22/2008
_____
        Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date