

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000090316

**FILED**  
**Oct 14, 2009**  
**Secretary of State**

**Entity Name:** CHI-OM LLC

**Current Principal Place of Business:**

3102 SW 63RD AVE  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

880 N.E. 69TH STREET  
8M  
MIAMI, FL 33138

**New Mailing Address:**

**FEI Number:** 26-0838375      **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:**

SARMIENTO, MARIADEL ROCIO  
3102 SW 63RD AVE  
MIAMI, FL 33155 US

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

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: MARIA DEL ROCIO SARMIENTO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SARMIENTO, MARIADEL ROCIO  
Address: 3102 SW 63RD AVE  
City-St-Zip: MIAMI, FL 33155

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: HENTSCHEL, ERICH  
Address: 3102 SW 63RD AVE  
City-St-Zip: MIAMI, FL 33155

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: MARIA DEL ROCIO SARMIENTO

MGR

10/14/2009

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