2008 LIMITED LIABILITY COMPANY REINSTATEMENT

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1592 BIUE IAY CIRCLE WESTON, FL 33327 US SECRETARY OF STATE TALL AHASSEE, FLORIDA 2. Principial Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc.	1. Entity Name								
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Steel Address of Now Registered Agent Steel Address (P.O. Box Number is Not Acceptable)	City & Stat	de	City & State						oplied For ot Applicable
SAUTTER, C. CHRISTIAN ESQ 2850 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33311 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. Signature. Signature. In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Florida Department of State 1. ADDITIONS/CHANGES TITLE MGRM MGRM MGRM MGRM MGRM KABBARA, ADNAN Delete MGRM KABBARA, ADNAN 1592 BLUE JAY CIRCLE WESTON, FL 33327 Delete MILE MWE SIRET ADDRESS CITY-ST-2P Delete MWE SIRET ADDRESS CITY-ST-2P Delete MILE MILE MILE MILE MILE MILE MILE MILE	Zip	Country	Zip	Coun	try			55.00 Ad	litional
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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 act the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS ITILE NAME NAME NAME MARABARA, ADNAN STRETADDRESS CITY-ST-ZIP MESTON, FL 33327 TITLE NAME NAME NAME STRETADDRESS CITY-ST-ZIP TITLE NAME	2850 NORTH ANDREWS AVENUE								
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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 informatio indicated on this report is true and accurate and that my afginature shall have the same legal effect as if made under oath; that I am a managing member or manager of the fimited liability company or the under oath; trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	 indicaté 	d on this report is true and accurate an	d that my afgnature shall have	the same report a	e legal effect as if r	made under oa Her 608, Florida	th; that I am a manag Statutes.	ging member or manag	er of the
17. 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 informatio indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the	 indicate fimited li 	d on this report is true and accurate an ability company or the unbeiver or trust	d that my afgnature shall have	the sams report a	e legal effect as if r	ster 608, Florida	Statutes.		