

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000104127

Entity Name: WANIKA, L.L.C.

**FILED**  
**Nov 06, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

4625 NW 99TH AVE  
APT. 104  
DORAL, FL 33178

**New Principal Place of Business:**

3655 NW 107 AVE  
SUITE 106  
DORAL, FL 33178

**Current Mailing Address:**

4625 NW 99TH AVE  
APT. 104  
DORAL, FL 33178

**New Mailing Address:**

3655 NW 107 AVE  
SUITE 106  
DORAL, FL 33178

FEI Number: 26-1286988      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:**

CASTILLO, MARIA A  
4625 NW 99TH AVE  
APT. 104  
DORAL, FL 33178 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 CASTILLO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MRS ( ) Change (X) Addition  
Name: MEDINA, NINOSKA MRS  
Address: 4625 NW 99 AVE, APT.104  
City-St-Zip: DORAL, FL 33178

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: NINOSKA MEDINA

MRS

11/06/2008

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