

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000112735

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

**Entity Name:** COMMERCIAL ARCHITECTURAL SOLUTIONS, LLC

**Current Principal Place of Business:**

549 WEST AVENUE, SUITE 913  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

41 SE 5TH ST  
2307  
MIAMI, FL 33131

**Current Mailing Address:**

549 WEST AVENUE, SUITE 913  
MIAMI BEACH, FL 33139

**New Mailing Address:**

41 SE 5TH ST  
2307  
MIAMI, FL 33131

**FEI Number:** 26-2117617      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

NATIONAL CORPORATE RESEARCH, LTD, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301      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: PATRONA VARELA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: MARTIN, DAVID  
Address: 549 WEST AVENUE, SUITE 913  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM      (X) Change      ( ) Addition  
Name: MARTIN, DAVID  
Address: 41 SE 5TH ST #2307  
City-St-Zip: MIAMI, FL 33131

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: DAVID MARTIN

MGR

08/14/2009

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