

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000116452

**FILED**  
**May 16, 2011**  
**Secretary of State**

**Entity Name:** INCONEX, LLC.

**Current Principal Place of Business:**

7830 NW 46 STREET  
LAUDERHILL, FL 33351 US

**New Principal Place of Business:**

1775 BLOUNT RD  
ST 400  
POMPANO BCH, FL 33069 US

**Current Mailing Address:**

P O BOX 934931  
MARGATE, FL 33093 US

**New Mailing Address:**

1775 BLOUNT RD  
ST 400  
POMPANO BCH, FL 33069 US

**FEI Number:** 33-1190273

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PESCHL, CLEMENS A  
7830 NW 46 STREET  
LAUDERHILL, FL 33351 US

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

PESCHL, CLEMENS A  
1775 BLOUNT RD  
ST 400  
POMPANO BCH, FL 33069 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: CLEMENS PESCHL

05/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PESCHL, CLEMENS  
Address: 1775 BLOUNT RD  
City-St-Zip: POMPANO BCH., FL 33069 US

Title: MGRM  
Name: PESCHL, BARBARA  
Address: 1775 BLOUNT RD  
City-St-Zip: POMPANO BCH., FL 33069 US

I hereby 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: CLEMENS PESCHL

MR

05/16/2011

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