

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000116685

**FILED**  
**Oct 21, 2009**  
**Secretary of State**

**Entity Name:** THE REAL ESTATE INVESTOR CONNECTION LLC

**Current Principal Place of Business:**

3530 MYSTIC POINTE DRIVE, APT. 2708  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

3530 MYSTIC POINTE DRIVE, APT. 2708  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 26-1588573      **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:**

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: DENISE CHAKI

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

**Title:** MGR      ( ) Delete  
**Name:** CHAKI, DENISE  
**Address:** 3530 MYSTIC POINTE DRIVE, APT. 2708  
**City-St-Zip:** AVENTURA, FL 33180

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

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: DENISE CHAKI

MS

10/21/2009

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