

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000125112

Entity Name: DEMIA PARTNERS, L.L.C.

**FILED**  
**Dec 08, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

420 LINCOLN ROAD, SUITE 216  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

420 LINCOLN ROAD, SUITE 216  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

MIARECKI, MICHAEL J  
420 LINCOLN ROAD, SUITE 216  
MIAMI BEACH, FL 33139 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: MICHAEL J. MIARECKI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MIRAECKI, MICHAEL J  
Address: 420 LINCOLN ROAD, SUITE 216  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM ( ) Delete  
Name: DEMIRIAN, HAYGO  
Address: 420 LINCOLN ROAD, SUITE 216  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES:**

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

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: MICHAEL J. MIARECKI

MR.

12/08/2008

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