

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000007170

Entity Name: ARC CAPITAL ADVISORS, LLC

FILED
Nov 08, 2009
Secretary of State

Current Principal Place of Business:

8441 W COMMERCIAL BLVD
TAMARAC, FL 33351

New Principal Place of Business:

1600 S BAYSHORE LANE, # 9D
COCONUT GROVE, FL 33133

Current Mailing Address:

1600 S BAYSHORE LANE
9D
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 26-1787888 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:

DE ARMAS, ELOY
1600 S BAYSHORE LANE, # 9D
COCONUT GROVE, FL 33133 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: ERA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HERRERA, HUMBERTO
Address: 8441 W COMMERCIAL BLVD
City-St-Zip: TAMARAC, FL 33351

Title: MGR (X) Delete
Name: DE ARMAS, ELOY
Address: 8441 W COMMERCIAL BLVD
City-St-Zip: TAMARAC, FL 33133

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DE ARMAS, ELOY
Address: 1600 S BAYSHORE LANE, # 9D
City-St-Zip: COCONUT GROVE, FL 33133

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: ERA

MGMR

11/08/2009

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