2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 08, 2009
Secretary of State

DOCUMENT# L08000038903

Entity Name: PHOENIX3 CONSULTANTS, LLC

Current Principal Place of Business:

20310 SW 3RD STREET
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

20310 SW 3RD STREET
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 26-2428729 **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:

GRACIA, AGUSTIN JR.
20310 SW 3RD STREET
PEMBROKE PINES, FL 33029 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: AGUSTIN GRACIA, JR.

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GRACIA, AGUSTIN JR
Address: 20310 SW 3RD STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: GRACIA, AGUSTIN M.S.
Address: 20310 SW 3RD STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: COO ( ) Change (X) Addition
Name: GRACIA, MARIANA
Address: 20310 SW 3RD STREET
City-St-Zip: PEMBROKE PINES, FL 33029

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: AGUSTIN GRACIA, JR, CEO 11/08/2009

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