

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000043929

**FILED**  
**Oct 19, 2009**  
**Secretary of State**

**Entity Name:** FACECALL, LLC

**Current Principal Place of Business:**

15810 SOUTH WEST 60 TERRACE  
MIAMI, FL 33193 US

**New Principal Place of Business:**

**Current Mailing Address:**

15810 SOUTH WEST 60 TERRACE  
MIAMI, FL 33193 US

**New Mailing Address:**

FEI Number: 26-3183168      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: CARLOS R VARGAS

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VARGAS, CARLOS R  
Address: 15810 SOUTH WEST 60 TERRACE  
City-St-Zip: MIAMI, FL 33193 US

Title: MGRM ( ) Delete  
Name: MERCED, MARIA P  
Address: 15810 SOUTH WEST 60 TERRACE  
City-St-Zip: MIAMI, FL 33193 US

**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: CARLOS R VARGAS

MGR

10/19/2009

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