

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000051348

Entity Name: IGLOO SERVICES LLC

FILED  
Nov 19, 2009  
Secretary of State

**Current Principal Place of Business:**

9372 COLLINS AVENUE  
4  
SURFSIDE, FL 33154 US

**New Principal Place of Business:**

**Current Mailing Address:**

9372 COLLINS AVENUE  
4  
SURFSIDE, FL 33154 US

**New Mailing Address:**

FEI Number: 26-2670804      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:**

WOLENBERG, HECTOR D  
9372 COLLINS AVENUE  
4  
SURFSIDE, FL 33154 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: HECTOR D WOLENBERG

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WOLENBERG, HECTOR D  
Address: 9372 COLLINS AVENUE STE 4  
City-St-Zip: SURFSIDE, FL 33154 US

Title: MGR ( ) Delete  
Name: DIAZ, LISSETE  
Address: 9372 COLLINS AVENUE STE 4  
City-St-Zip: SURFSIDE, FL 33154 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: HECTOR D WOLENBERG

MGR

11/19/2009

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