

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000063102

FILED
Nov 16, 2009
Secretary of State

Entity Name: CHARM CITY CONSULTING LLC

Current Principal Place of Business:

210 174TH STREET
2310
SUNNY ISLES BEACH, FL 33160 US

Current Mailing Address:

210 174TH STREET
2310
SUNNY ISLES BEACH, FL 33160 US

New Principal Place of Business:

251 174TH STREET
816
SUNNY ISLES BEACH, FL 33160 US

New Mailing Address:

251 174TH STREET
816
SUNNY ISLES BEACH, FL 33160 US

FEI Number: 26-2898720 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:

CAMPO, JUAN B
210 174TH ST.
2310
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

CAMPO, JUAN B
251 174TH ST.
816
SUNNY ISLES BEACH, FL 33160 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: JUAN CAMPO

11/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAMPO, JUAN B
Address: 210 174TH ST., APT. 2310
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CAMPO, JUAN B
Address: 251 174TH ST., APT. 816
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

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: JUAN CAMPO

MMGR

11/16/2009

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