

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000083993

FILED  
Sep 30, 2009  
Secretary of State

**Entity Name:** PROLINE GROUP SERVICES,LLC

**Current Principal Place of Business:**

15321 NW 60TH AVE.  
100  
MIAMI, FL 33014 US

**New Principal Place of Business:**

**Current Mailing Address:**

15321 NW 60TH AVE.  
100  
MIAMI, FL 33014 US

**New Mailing Address:**

FEI Number: 26-3292013      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:**

TOLEDO, EVELIO  
8325 NW 158TH TERRACE  
MIAMI LAKES, FL 33016 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: EVELIO TOLEDO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TOLEDO, EVELIO  
Address: 8325 NW 158TH TERRACE  
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: MGRM ( ) Delete  
Name: CARMENATY, DANIEL  
Address: 8325 NW 158TH TERRACE  
City-St-Zip: MIAMI LAKES, FL 33016 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: EVELIO TOLEDO

MGRM

09/30/2009

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