

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000097921

**FILED**  
**Dec 08, 2010**  
**Secretary of State**

**Entity Name:** IRON FIGHTER MMA FITNESS CENTER,LLC

**Current Principal Place of Business:**

9590 N.W. 25 STREET  
DORAL, FL 33178

**New Principal Place of Business:**

2216 NW 87TH AVENUE  
DORAL, FL 33172

**Current Mailing Address:**

9590 N.W. 25 STREET  
DORAL, FL 33178

**New Mailing Address:**

2216 NW 87TH AVENUE  
DORAL, FL 33172

**FEI Number:** 26-3557741

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALEJANDRA, FELICE  
9590 N.W. 25 STREET  
DORAL, FL 33178 US

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

ALEJANDRINA, FELICE  
2216 NW 87TH AVENUE  
DORAL, FL 33172 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: ALEJANDRINA FELICE

12/08/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FELICE, ALEJANDRINA  
Address: 2216 NW 87TH AVENUE  
City-St-Zip: DORAL, FL 33172

Title: MGR  
Name: NELLY, ARBELAEZ  
Address: 2216 NW 87TH AVENUE  
City-St-Zip: DORAL, FL 33172

I hereby 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: ALEJANDRINA FELICE

MRS

12/08/2010

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