

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000106679

Entity Name: TRANSFORMATION N.B., LLC

**FILED**  
**Oct 15, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1155 BRICKELL BAY DRIVE, #1008  
MIAMI, FL 33131

**New Principal Place of Business:**

1039 EAST 28TH STREET  
HIALEAH, FL 33013

**Current Mailing Address:**

PO BOX 310849  
MIAMI, FL 33231

**New Mailing Address:**

1039 EAST 28TH STREET  
HIALEAH, FL 33013

FEI Number: 26-3730189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARAZOZA & FERNANDEZ-FRAGA, P.A.  
2100 SALZEDO STREET, SUITE 300  
CORAL GABLES, FL 33134 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: CFA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PRADO, JOSE A  
Address: PO BOX 310849  
City-St-Zip: MIAMI, FL 33231

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PRADO, JOSE A  
Address: 141 E. SUNRISE AVENUE  
City-St-Zip: CORAL GABLES, FL 33133

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: JP

MGER

10/15/2009

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