## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L08000110200

Name:

Address:

City-St-Zip:

Entity Name: CDBG CONSULTING LIMITED LIABILITY COMPANY

FILED Sep 28, 2009 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business: 7133 BAY DRIVE EAST 1007 NORTH AMERICA WAY SUITE 506 903 MIAMI, FL 33141 MIAMI, FL 33132 **Current Mailing Address:** New Mailing Address: 7133 BAY DRIVE EAST 1007 NORTH AMERICA WAY SUITE 506 903 MIAMI, FL 33141 US MIAMI, FL 33132 US FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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: GAROFALO, CARLOS D GAROFALO, CARLOS D 1007 NORTH AMERICA WAY SUITE 506 7133 BAY DRIVE EAST 903 MIAMI, FL 33132 US MIAMI, FL 33141 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: CARLOS GAROFALO 09/28/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: (X) Change ( ) Addition () Delete GAROFALO, CARLOS D GAROFALO, CARLOS D Name: Name: Address: 7133 BAY DRIVE EAST APT 903 Address: 1007 NORTH AMERICA WAY SUITE 506 City-St-Zip: MIAMI, FL 33141 City-St-Zip: MIAMI, FL 33132 Title: Title: MGR ( ) Change (X) Addition ( ) Delete Name: Name: FLECK, DANIELLE M Address: Address: 1007 NORTH AMERICA WAY SUITE 506 City-St-Zip: City-St-Zip: MIAMI, FL 33132 Title: () Delete Title: MGR ( ) Change (X) Addition PACIN, LISA Name: Name: 1007 NORTH AMERICA WAY SUITE 506 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33132 Title: () Delete Title: MGR ( ) Change (X) Addition

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.

Name:

Address:

City-St-Zip:

SCHOENWETTER, JEFFERY A 1007 NORTH AMERICA WAY SUITE 506

MIAMI, FL 33132

SIGNATURE: CARLOS GAROFALO MGR 09/28/2009