

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000008642

**FILED**  
**Mar 05, 2012**  
**Secretary of State**

**Entity Name:** ARIRS LLC

**Current Principal Place of Business:**

1240 CASTILE AVENUE  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

911 PARADISO AVE.  
CORAL GABLES, FL 33146 US

**Current Mailing Address:**

1240 CASTILE AVENUE  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

911 PARADISO AVE.  
CORAL GABLES, FL 33146 US

**FEI Number:** 26-4271226

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RHODENIZER, SCOTT  
1240 CASTILE AVENUE  
CORAL GABLES, FL 33134 US

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

RHODENIZER, SCOTT  
911 PARADISO AVE  
CORAL GABLES, FL 33146 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:** SCOTT RHODENIZER

03/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** RHODENIZER, SCOTT  
**Address:** 911 PARADISO AVE.  
**City-St-Zip:** CORAL GABLES, FL 33146 US

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:** SCOTT RHODENIZER

MR.

03/05/2012

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