

# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000012461

**FILED**  
**Oct 21, 2010**  
**Secretary of State**

**Entity Name:** DADE COUNTY RECOVERY & INVESTIGATIONS LLC

**Current Principal Place of Business:**

10500 NORTHWEST 26TH STREET  
A103  
DORAL, FL 33172

**New Principal Place of Business:**

12468 SW 117TH COURT  
MIAMI, FL 33186

**Current Mailing Address:**

10500 NORTHWEST 26TH STREET  
A103  
DORAL, FL 33172

**New Mailing Address:**

P.O. BOX 160757  
MIAMI, FL 33116

FEI Number: 26-4232725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: LAWRENCE J. SPIEGEL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: EXPOSITO, BARBARA  
Address: 12468 SW 117TH COURT  
City-St-Zip: MIAMI, FL 33186

Title: S  
Name: EXPOSITO, BARBARA  
Address: 12468 SW 117TH COURTM  
City-St-Zip: MIAMI, FL 33186

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: BARBARA EXPOSITO

MGR

10/21/2010

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