

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000012469

Entity Name: SHAPES, LLC

**FILED**  
**May 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2199 PONCE DE LEON BOULEVARD  
301  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

2199 PONCE DE LEON BOULEVARD  
301  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

357 ALMERIA AVE  
102  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

357 ALMERIA AVE  
102  
CORAL GABLES, FL 33134 US

FEI Number: 26-4269677

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SARIOL, MARIA D  
2199 PONCE DE LEON BOULEVARD  
301  
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: MARIA SARIOL

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PIERRE, D'HAINE  
Address: 357 ALMERIA AVE SUITE102  
City-St-Zip: CORAL GABLES, FL 33134 FL

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: DHAINAPIERRE

MGR

05/03/2011

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