

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000060665

Entity Name: MILA EVERTZ LLC

**FILED**  
**Dec 02, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

815 PONCE DE LEON BLVD  
STE P-201  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

815 PONCE DE LEON BLVD  
STE P-201  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

LANGSTADT, OLIVER J  
815 PONCE DE LEON BLVD  
STE P-201  
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: OLIVER J LANGSTADT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: EVERTZ, YAMILA  
Address: 815 PONCE DE LEON BLVD - STE P-201  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR  
Name: LANGSTADT, OLIVER J  
Address: 815 PONCE DE LEON BLVD - STE P-201  
City-St-Zip: CORAL GABLES, FL 33134 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: YAMILA EVERTZ

MGRM

12/02/2010

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