

# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000093768

**FILED**  
**Oct 27, 2010**  
**Secretary of State**

**Entity Name:** METROPOLIS DESIGNS AND CONSULTING LLC

**Current Principal Place of Business:**

15251 N.E. 18TH AVENUE, SUITE #2  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

15251 N.E. 18TH AVENUE, SUITE #2  
NORTH MIAMI BEACH, FL 33162

**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:**

VARGAS, SERGIO I  
15251 N.E. 18TH AVENUE, SUITE #2  
NORTH MIAMI BEACH, FL 33162    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: SERGIO VARGAS

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VARGAS, SERGIO I  
Address: 15251 N.E. 18TH AVENUE, SUITE #2  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM  
Name: VARGAS, IRVING A  
Address: 15251 N.E. 18TH AVENUE, SUITE #2  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM  
Name: VARGAS, ARTURO  
Address: 15251 N.E. 18TH AVENUE, SUITE #2  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: ARTURO VARGAS

MGRM

10/27/2010

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