

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000099306

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** SVS SECURITY VALVE SYSTEM, LLC

**Current Principal Place of Business:**

2665 SOUTH BAYSHORE DRIVE  
SUITE 906  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

2665 SOUTH BAYSHORE DRIVE  
SUITE 800  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

2665 SOUTH BAYSHORE DRIVE  
SUITE 906  
COCONUT GROVE, FL 33133

**New Mailing Address:**

2665 SOUTH BAYSHORE DRIVE  
SUITE 800  
COCONUT GROVE, FL 33133

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GURIAN, JORGE  
2665 SOUTH BAYSHORE DRIVE  
SUITE 906  
COCONUT GROVE, FL 33133 US

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

GURIAN, JORGE  
2665 SOUTH BAYSHORE DRIVE  
SUITE 800  
COCONUT GROVE, FL 33133 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: JORGE L GURIAN

03/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BLUTEAU, MICHEL  
Address: 9027 CLASSIC CT  
City-St-Zip: ORLANDO, FL 32819

Title: MGRM  
Name: BLUTEAU, PATRICIA  
Address: 9027 CLASSIC CT  
City-St-Zip: ORLANDO, FL 32819

Title: MGRM  
Name: PELLEQUER, LAURENT  
Address: 9027 CLASSIC CT  
City-St-Zip: ORLANDO, FL 32819

Title: MGRM  
Name: DAMSEAUX, VERONIQUE  
Address: 9027 CLASSIC CT  
City-St-Zip: ORLANDO, FL 32819

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: MICHEL BLUTEAU

MGRM

03/20/2012

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