

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000107771

**FILED**  
**May 01, 2013**  
**Secretary of State**

**Entity Name:** DAPHNE POLYCARPE & ASSOCIATES, LLC

**Current Principal Place of Business:**

2065-2063 NE 161ST STREET  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

1602 SW 159TH AVENUE  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

**FEI Number:** 27-3698286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POLYCARPE, DAPHNE  
1602 SW 159TH AVENUE  
PEMBROKE PINES, FL 33027 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:** POLYCARPE, DAPHNE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** POLYCARPE, DAPHNE  
**Address:** 1602 SW 159TH AVENUE  
**City-St-Zip:** PEMBROKE PINES, FL 33027

**Title:** PT  
**Name:** POLYCARPE, DAPHNE  
**Address:** 1602 SW 159TH AVENUE  
**City-St-Zip:** PEMBROKE PIENS, FL 33027

**Title:** VPS  
**Name:** DESMARATTES, WILNER  
**Address:** 1602 SW 159TH AVENUE  
**City-St-Zip:** PEMBROKE PINES, FL 33027

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:** POLYCARPE, DAPHNE

MGRM

05/01/2013

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