

# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000010193

**FILED**  
**Feb 25, 2013**  
**Secretary of State**

**Entity Name:** MARTI & MARTI GROUP, LLC

**Current Principal Place of Business:**

2655 LEJEUNE ROAD, SUITE 1108  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

2655 LEJEUNE ROAD  
SUITE 1108  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

2655 LEJEUNE ROAD, SUITE 1108  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

2655 LEJEUNE ROAD  
SUITE 1108  
CORAL GABLES, FL 33134 US

FEI Number: 27-4671126

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COROMOTO MARTI FONT, VIVIAN  
2199 PONCE DE LEON BLVD  
SUITE 300  
CORAL GABLES, FL 33134 US

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

MARTI FONT, VIVIAN  
2655 LEJEUNE ROAD  
SUITE 1108  
CORAL GABLES, FL 33134 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: VIVIAN MARTI FONT

02/25/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MARTI FONT, VIVIAN 50%  
Address: 2655 LEJEUNE ROAD, SUITE 1108  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM  
Name: MARTI FONT, VERONICA 50%  
Address: 2655 LEJEUNE ROAD, SUITE 1108  
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: VIVIAN MARTI FONT

MGMR

02/25/2013

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