

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L94000000393

Entity Name: ALTAMIRA, L.C.

FILED  
Jan 08, 2009  
Secretary of State

**Current Principal Place of Business:**

2511 NE 16TH LN  
BAY #2  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

2511 NE 16TH LN  
BAY #2  
POMPANO BEACH, FL 33064

**New Mailing Address:**

FEI Number: 65-0518799      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MCCLOSKEY, EDWARD F  
2511 NE 16TH LN  
BAY #2  
POMPANO BEACH, FL 33064 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: EDWARD MCCLOSKEY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCCLOSKEY, EDWARD F  
Address: 2511 NE 16TH LN #2  
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGRM ( ) Delete  
Name: POCH, JOAN-MARC  
Address: 2511 NE 16TH LN #2  
City-St-Zip: POMPANO BEACH, FL 33064

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: EDWARD MCCLOSKEY

MGRM

01/08/2009

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