

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Oct 06, 2005**  
**Secretary of State**

DOCUMENT# L03000014633

**Entity Name:** SERVICOM GROUP LLC

**Current Principal Place of Business:**

1627 BRICKELL AVENUE  
UNIT 2101  
MIAMI, FL 33129

**New Principal Place of Business:**

**Current Mailing Address:**

1627 BRICKELL AVE  
UNIT 2101  
MIAMI, FL 33129

**New Mailing Address:**

**FEI Number:** 11-3686109      **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:**

MACINTER CORPORATION  
5440 NORTH STATE RD. 7, STE. 218  
FT LAUDERDALE, FL 33319 US

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: T. BAEZ VP FOR CORPORATE CREATIONS NETWORK

10/06/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MENENDEZ, GASTON  
Address: 1627 BRICKELL AVE. UNIT 2101  
City-St-Zip: MIAMI, FL 33129

Title: MGR ( ) Delete  
Name: MENENDEZ, MONICA  
Address: 1627 BRICKELL AVE., UNIT 2101  
City-St-Zip: MIAMI, FL 33129

**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 for the exemption stated in Section 119.07(3)(i), 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: GASTON MENENDEZ

MGR

10/06/2005

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