

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Dec 11, 2009  
Secretary of State**

DOCUMENT# L01000015876

Entity Name: BANOS LLC

**Current Principal Place of Business:**

9559 COLLINS AVENUE, APT. 202  
SURFSIDE, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

9559 COLLINS AVENUE, APT. 202  
SURFSIDE, FL 33154

**New Mailing Address:**

1390 BRICKELL AVENUE  
SUITE 200  
MIAMI, FL 33131

FEI Number:                      FEI Number Applied For (X)                      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:**

BANOS, TERESA  
9559 COLLINS AVENUE, APT. 202  
SURFSIDE, FL 33154    US

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

CASTILLO B., ALVARO  
1390 BRICKELL AVENUE  
SUITE 200  
MIAMI, FL 33131 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: ALVARO CASTILLO

12/11/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      BANOS, JOSE MARIA C  
Address:                      REFORMA 1415  
City-St-Zip:                      MEXICO DF 11000,

Title:                      MGRM                      ( ) Delete  
Name:                      BANOS, MANUEL C  
Address:                      RUBEN DARIO 223-5C  
City-St-Zip:                      MEXICO DF 11580,

Title:                      MGRM                      ( ) Delete  
Name:                      BANOS, MARIA PALOMA C  
Address:                      RUBEN DARIO 223-7C  
City-St-Zip:                      MEXICO DF 11580,

**ADDITIONS/CHANGES:**

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

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: MARIA PALOMA C. BANOS

MGRM

12/11/2009

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