2006 MITED LIABILITY COMPA

Jan 23, 2006 08:00 AM Secretary of State DOCUMENT # L03000034022 1. Entity Name CARTAYA, LLC Principal Place of Business Mailing Address P.O. BOX 452311 P.O. BOX 452311 SUNRISE, FL 33345 SUNRISE, FL 33345 US US 01172006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0207874 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARTAYA, E B DO NOT WRITE 418 TAMARINO DR HALLANDALE BEACH, FL 33009 IN THIS SPACE 8. 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. I am lamiliar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS ġ. TITLE CARTAYA, E B STREET ADDRESS 418 TAMARIND DR CITY-ST-ZIP HALLANDALE BEACH, FL 33009 U00000398611 01/31/06-80004-023 50.00 TYTLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ACCRESS DO NOT WRITE CATY-ST-ZIP 717/ F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it 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 508, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE MAAKE STREET ADDRESS CITY-ST-ZIP

FILE

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