

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000050820

Entity Name: BARLINGTON GROUP, LLC

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

1020 NW 1ST
MIAMI, FL 33128

New Principal Place of Business:

2610 SW 8TH STREET
MIAMI, FL 33135

Current Mailing Address:

1020 NW 1ST
MIAMI, FL 33128

New Mailing Address:

2610 SW 8TH STREET
MIAMI, FL 33135

FEI Number: 20-1331737 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:

WOF
1020 NW 1 STREET
MIAMI, FL 33128 US

Name and Address of New Registered Agent:

WOF
2610 SW 8TH STREET
MIAMI, FL 33135 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: WILLIAM O FULLER

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAPS, INC,
Address: P.O. BOX 347121
City-St-Zip: CORAL GABLES, FL 33234

Title: MGRM () Delete
Name: PIEDRA HOLDINGS, LLC,
Address: 1020 NW 1 STREET
City-St-Zip: MIAMI, FL 33128

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MAPS, INC,
Address: 2177 TIGERTAIL AVENUE
City-St-Zip: MIAMI, FL 33133

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: WILLIAM O FULLER

MGMR

03/23/2009

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