

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Oct 12, 2006**  
**Secretary of State**

DOCUMENT# L05000117879

Entity Name: 1300501 PONCE, LLC

**Current Principal Place of Business:**

2717 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

4788 NW 103RD CT  
EL DORAL, FL 33178

**Current Mailing Address:**

2717 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**New Mailing Address:**

4788 NW 103RD CT  
EL DORAL, FL 33178

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:**

ROMERO, TOMAS  
2717 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134    US

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

ROMERO, TOMAS  
4788 NW 103RD CT  
EL DORAL, FL 33178    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: TOMAS ROMERO

10/12/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      ROMERO, TOMAS  
Address:                      4788 NW 103RD CT  
City-St-Zip:                      EL DORAL, FL 33178

Title:                      MGRM                      (X) Delete  
Name:                      ACOSTA RUBIO, IGOR  
Address:                      9381 SW 52ND TERR  
City-St-Zip:                      MIAMI, FL 33165

**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 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: TOMAS ROMERO

MGR

10/12/2006

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