


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000011697 1. Entity Name CASA PANZA OF MIAMI, LLC			FILED 08 APR -7 PM 1:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 2601 SOUTH BAYSHORE DRIVE, STE. 700 COCONUT GROVE, FL 33133		Mailing Address % ATER REGISTERED AGENTS, LLC 2601 S. BAYSHORE DRIVE, STE 700 COCONUT GROVE, FL 33133	
2. Principal Place of Business - No P.O. Box # 14748 SW 56St.		3. Mailing Address 15833 SW 66 Terr	
Suite, Apt. #, etc. 197		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33185		Zip 33193	
Country US		Country US	
6. Name and Address of Current Registered Agent ATER REGISTERED AGENTS, LLC 2601 S. BAYSHORE DRIVE, STE. 700 COCONUT GROVE, FL 33133		7. Name and Address of New Registered Agent Name Maria Sosa Street Address (P.O. Box Number is Not Acceptable) 15833 SW 66 Terr City Miami	
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 familiar with, and accept the obligations of registered agent. SIGNATURE Maria Sosa		DATE 4/4/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS	
10. ADDITIONS/CHANGES		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 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.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUERVO, CARLOS A <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joana Padron <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOSA, MARIA <input type="checkbox"/> Delete 15833 SW 66 TERRACE MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jorge L. Sotolongo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOWTIE INVESTMENTS, LLC <input checked="" type="checkbox"/> Delete 2601 SOUTH BAYSHORE DRIVE, STE. 700 COCONUT GROVE, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300122453273 04/07/08--01020--016 **277.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SIGNATURE: Maria Sosa			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 4/4/08	

REINSTATEMENT 2007-2008