

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000045986

FILED
Oct 23, 2008
Secretary of State

Entity Name: BARREDA INVESTMENTS LLC

Current Principal Place of Business:

18800 BELMONT DRIVE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

18800 BELMONT DRIVE
MIAMI, FL 33157

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BARREDA, JOAQUIN A
18800 BELMONT DRIVE
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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: JOAQUIN A BARREDA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARREDA, JOAQUIN A
Address: 18800 BELMONT DRIVE
City-St-Zip: MIAMI, FL 33157 US

Title: MGR () Delete
Name: FONDO, JEANNIE
Address: 18800 BELMONT DRIVE
City-St-Zip: MIAMI, FL 33157

Title: S () Delete
Name: CANETE, JESUS
Address: 18800 BELMONT DRIVE
City-St-Zip: MIAMI, FL 33157

Title: MGRM () Delete
Name: AVILA, CARLOS
Address: 18800 BELMONT DRIVE
City-St-Zip: MIAMI, FL 33157

Title: MGRM () Delete
Name: SANTIAGO, JORGE
Address: 18800 BELMONT DRIVE
City-St-Zip: MIAMI, FL 33157

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:

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: JOAQUIN A BARREDA

MGRM

10/23/2008

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