2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 06, 2009
Secretary of State

DOCUMENT# L05000017114

Entity Name: STRAWBERRY PARK, L.L.C.

Current Principal Place of Business:

1820 NORTH CORPORATE LAKES BLVD
SUITE #111
WESTON, FL 33326 US

New Principal Place of Business:

1200 BRICKELL AVENUE,
SUITE 505
MIAMI, FL 33131 US

Current Mailing Address:

1820 NORTH CORPORATE LAKES BLVD
SUITE #111
WESTON, FL 33326 US

New Mailing Address:

1200 BRICKELL AVE
SUITE 505
MIAMI, FL 33131 US

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:

MARRERO, JOSE C
1820 NORTH CORPORATE LAKES BLVD
SUITE #105
WESTON, FL 33326 US

Name and Address of New Registered Agent:

MARRERO, JOSE C
1200 BRICKELL AVE
SUITE 505
MIAMI, FL 33131 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: JOSE C MARRERO 10/06/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PEDROSA, SHARON
Address: 1820 N CORPORATE LAKES BLVD #111
City-St-Zip: WESTON, FL 33326 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PEDROSA, SHARON
Address: 1200 BRICKELL AVE SUITE 505
City-St-Zip: MIAMI, FL 33131 US

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: SHARON PEDROSA MGRM 10/06/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date