

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000030765

Entity Name: CORIANDER, LLC

FILED
Oct 07, 2009
Secretary of State

Current Principal Place of Business:

791 CRANDON BLVD SUITE 1002
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

791 CRANDON BLVD SUITE 1002
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 98-0484868 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

CFRA, LLC
4221 W. BOY SCOUT BLVD., 10TH FLOOR
TAMPA, FL 336013239 US

Name and Address of New Registered Agent:

LESLIE, FUENTES
791 CRANDON BLV
APTO 1002
KEY BISCAYNE, FL 33149 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: LESLIE FUENTES

10/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR. () Delete
Name: FUENTES, ANDRES A MR
Address: 791 CRANDON BLVD. #1002
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRE () Change (X) Addition
Name: FUENTES, LESLIE A TRE
Address: 791 CRANDON BLVD. #1002
City-St-Zip: KEY BISCAYNE, FL 33149 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: LESLIE FUENTES

TRE

10/07/2009

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