FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000014210

1. Entity Name
INTERAMERICA GROUP, LLC

Principal Place of Business
~~155 S. MIAMI AVE PH-1B~~
~~MIAMI, FL 33130~~

Mailing Address
~~155 S. MIAMI AVE PH-1B~~
~~MIAMI, FL 33130~~

2. Principal Place of Business: 150 Alhambra Circle
Suite, Apt. #, etc.: Suite 1270
City & State: Coral Gables, FL
Zip: 33134 Country: USA

3. Mailing Address: 150 Alhambra Circle
Suite, Apt. #, etc.: Suite 1270
City & State: Coral Gables, FL.
Zip: 33134 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 56-2333612 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GAGEL, JAMES P
~~155 S. MIAMI AVE PH-1B~~
~~MIAMI, FL 33130~~

7. Name and Address of New Registered Agent

Name: Gagel, James P.
Street Address (P.O. Box Number is Not Acceptable): 150 Alhambra Circle, Suite 1270
City: Coral Gables FL Zip Code: 33134

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: James P. Gagel JAMES P. Gagel DATE 4/30/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

700017847047
05/01/03--01074--033 **150.00

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, D, S Gagel, James P. 150 Alhambra Circle #1270 Coral Gables, FL. 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: James P. Gagel 4/30/03 305 444-7797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #