

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



<b>DOCUMENT # L00000001366</b> 1. Entity Name <b>MACASA LLC</b>		
Principal Place of Business 460 N. MASHTA DR. KEY BISCAZYNE, FL 33149		Mailing Address 460 N. MASHTA DR. KEY BISCAZYNE, FL 33149
2. Principal Place of Business - No P.O. Box # <b>745 Crandon Blvd.</b>	3. Mailing Address <b>745 Crandon Blvd.</b>	
Suite, Apt. #, etc. <b># 308</b>	Suite, Apt. #, etc. <b># 308</b>	
City & State <b>Key Biscayne, FL</b>	City & State <b>Key Biscayne, FL.</b>	
Zip <b>33149</b>	Country <b>USA</b>	Zip <b>33149</b>
Country <b>USA</b>	Country <b>USA</b>	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>SALDARRIAGA, MARIA DEL C</b> <b>460 N MASHTA DRIVE</b> <b>KEY BISCAZYNE, FL 33149</b>		7. Name and Address of New Registered Agent Name <b>Saldarriaga, Maria del C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>745 Crandon Blvd. #308</b> City <b>Key Biscayne</b> FL Zip Code <b>33149</b>
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 <u><i>Maria del C. Saldarriaga</i></u> DATE <b>10-28-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After January 1, 2009, Fee will be \$277.50</b>		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
TITLE NAME <b>MGRM SALDARRIAGA, MARIA DEL C</b> <input type="checkbox"/> Delete	TITLE NAME <b>MGR C. Andres del Corral</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS <b>460 N MASHTA DRIVE</b>	STREET ADDRESS <b>300 S. Biscayne Blvd. #1716</b>	
CITY-ST-ZIP <b>KEY BISCAZYNE, FL 33149</b>	CITY-ST-ZIP <b>miami, FL. 33133</b>	
TITLE NAME [Blank] <input type="checkbox"/> Delete	TITLE NAME <b>Victoria E. del Corral</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS [Blank]	STREET ADDRESS <b>300 S. Biscayne Blvd. #2501</b>	
CITY-ST-ZIP [Blank]	CITY-ST-ZIP <b>miami, FL. 33131</b>	
TITLE NAME [Blank] <input type="checkbox"/> Delete	TITLE NAME <b>Veronica M. del Corral</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS [Blank]	STREET ADDRESS <b>300 S. Biscayne Blvd. #2508</b>	
CITY-ST-ZIP [Blank]	CITY-ST-ZIP <b>miami, FL. 33131</b>	
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.		[Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
SIGNATURE: <u><i>Maria del C. Saldarriaga</i></u>		DATE: <b>10/28/08</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DAYTIME PHONE # <b>305-799-7536</b>

REINSTATEMENT

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L. SELLERS

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EXAMINER