

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000006408

FILED
Oct 28, 2004
Secretary of State

Entity Name: CARIBBEAN SERVICES LIMITED LIABILITY COMPANY

Current Principal Place of Business:

114B PONCE DE LEON BLVD.
CORAL GABLES, FL 33135

New Principal Place of Business:

932 B PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

Current Mailing Address:

114B PONCE DE LEON BLVD.
CORAL GABLES, FL 33135

New Mailing Address:

932 B PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

FEI Number: 52-2243579 **FEI Number Applied For ()** **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:

CABANAS, JOHN H
114B PONCE DE LEON BLVD.
CORAL GABLES, FL 33135 US

Name and Address of New Registered Agent:

CABANAS, JOHN H
932 B PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 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: JOHN CABANAS

10/28/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CABANAS, JOHN H
Address: 114B PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33135

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CABANAS, JOHN H
Address: 932 B PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN CABANAS

PRES

10/28/2004

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