PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PLEASE READ	ALL INSTRUCT	IONS BE	F.QRE C	OMPLEII	ING THIS FOR	M _j .	
CC	ED LIABILITY OMPANY STATEMENT	Katheri Secretar	DEPARTMENT OF STATE Katherine Harris Secretary of State SION OF CORPORATIONS		FILED OI NOV 19 AM II: 15			
DOCUMENT # LOOO OO \\\550					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Ιa	and L USA, LLC					٠.		
2. Principal	Office Address p							
	Curry Ford Rd.				4. State/Country of Formation			
Suite, Apt. #,	etc.	Suite, Apt. #, etc.	, etc.		Florida 5. Date Organized or Qualified			
City & State		City & State			To Do Business in Florida 9/20/2000			
	ando, FL	Ony is State	•		6. FEi Number Applied For			
Zip	Gountry —	Zip Country Country			59–3676573 Not Applicable.			—1
3280	06 ⁷ USA		ĺ	Į	CERTIFICATE	OF STATUS DESIRED	\$500 Additional Reside for a Certificate of Sta	rdied ius
		8. Name and A	Address of Curre	ent Registere	d Agent			—
Signature of Registered Ag 10. Names Titles	igent ///	ve named.limited liability or GISTERED AGENT MUST	SIGN Street Add	illar with and a dress of Each ember/Manag		****150.0 State Zip Code 32806 Tions of Chapter 608, F.S. Date		CR2E041 (9/01)
Usu !	Camping Merida S.R.L. a Venezuelan Cd.	- Quint	Urbanization alto Chamba Quinta Asia, Calle Los Fria Lejones, No. 117			Merida, Vēnezuela		
							de de	
filing this all fees as if m	that I am managing member/manager os reinstatement application the reason for ywed by the limited liability company have ide under oath.	dissolution has been elimin been paid. The information	nated, the limited n indicated on thi	tiability compiss application i	any name satisficistrue and accura	es the requirements of sec ate, and my signature sha aytime Phone #	tion 608.406, F.S., and the light have the same legal eff	hat fect
Typed or print	ted name of signing Managing Member/	ManagerItalo	Brett,	ior Ca	mping M	erida S.R.L	·	