

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000015320

Entity Name: LOS ROQUES, L.L.C.

FILED
Oct 25, 2007
Secretary of State

Current Principal Place of Business:

2500 N.W. 79TH AVE., #116
DORAL, FL 33122

New Principal Place of Business:

7214 NW 56TH ST
MIAMI, FL 33166

Current Mailing Address:

8550 WEST FLAGLER STREET, #119
MIAMI, FL 33144

New Mailing Address:

FEI Number: 65-1062136 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:

Name and Address of New Registered Agent:

HERNANDEZ, VIVIAN
8550 W FLAGLER ST
STE. 119
MIAMI, FL 33144 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: HERNANDEZ VIVIAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRP () Delete
Name: COVA, JOSE L
Address: 2500 N.W. 79TH AVE., #116
City-St-Zip: DORAL, FL 33122

Title: MGRV () Delete
Name: PINEROS, MARIA
Address: 2500 N.W. 79TH AVE., #116
City-St-Zip: DORAL, FL 33122

ADDITIONS/CHANGES:

Title: MGRP (X) Change () Addition
Name: COVA, JOSE L
Address: 8393 NW 113TH PASSAGE
City-St-Zip: DORAL, FL 33178

Title: MGRV (X) Change () Addition
Name: PINEROS, MARIA
Address: 8393 NW 113TH PASSAGE
City-St-Zip: DORAL, FL 33178

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: JOSE LUIS COVA

PRES

10/25/2007

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