## 2007 LIMITED LIABILITY COMPANY ... ~

SIGNATURE:

## **FILED** Feb 12, 2007 08:00 AM DOCUMENT # L01000007578 **Secretary of State** J.S. OF SOUTH FLORIDA, L.L.C. Principal Place of Business Mailing Address 11400 WEST FLAGLER STREET SUITE 202 11400 WEST FLAGLER STREET SUITE 202 **MIAMI FL 33174 MIAMI FL 33174** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Numbor Applied For 65-1109293 Not Applicable Zip Country 7in Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo SANCHEZ-GALARRAGA, JORGE Street Address (P.O. Box Number is Not Acceptable) 1313 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES FL 33134 Zip Code FL 8. The above named ontity 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, typed or printed nortical registered agent and title if applicable DATE (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, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. 11111 ☐ Defete HILE ☐ Change ☐ Addition MGRM SANTOYO, JULIO STREET ADDRESS STRUET ADORESS 11400 WEST FLAGLER STREET 1100000633484 CITY-ST-71P **MIAMI FL 33174** CITY-ST-ZIP ши Delete 11111 Change Addition NAME NAMI. STREET ADDRESS STREET ADORESS CITY-ST-7IP CHY-S1-7P THE ☐ Delete 11111 Change Addition NAME NAME STRUCT ADDRESS STREET ADDRESS CHY SI-AP CHY-SI-Zid IIILI ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CHY-SI-7P THEF Delete ☐ Change Addition BIII NAME NAME STRULT ADDRESS STREET ADORESS CITY-S1-ZIP CHY-ST-ZIP Delete ☐ Change ■ Addition STREET ADDRESS STRUET ADDRESS City - St - 7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same logal effect as if made under early that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this proport as required by Chapter 608, Florida Statutos.

Daytima Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE