

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000008842

Entity Name: BLC CW, LLC

FILED
Oct 05, 2007
Secretary of State

Current Principal Place of Business:

C/O BLANCA CABRERA LARREA
8525 SW 100 ST
MIAMI, FL 33156

New Principal Place of Business:

C/O BLANCA R. CABRERA LARREA
8525 SW 100 ST
MIAMI, FL 33156

Current Mailing Address:

C/O BLANCA CABRERA LARREA
8525 SW 100 ST
MIAMI, FL 33156

New Mailing Address:

C/O BLANCA R. CABRERA LARREA
8525 SW 100 ST
MIAMI, FL 33156

FEI Number: 06-0704836 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:

CABRERA, BLANCA R
8525 SW 100 ST
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

CABRERA LARREA, BLANCA R
8525 SW 100 ST
MIAMI, FL 33156 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: BLANCA R. CABRERA LARREA

10/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CABRERA, BLANCA R
Address: 8525 SW 100 ST
City-St-Zip: MIAMI, FL 33156 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CABRERA LARREA, BLANCA R
Address: 8525 SW 100 ST
City-St-Zip: MIAMI, FL 33156 US

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: BLANCA R. CABRERA LARREA

MGRM

10/05/2007

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