PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

С	COMPANY ISTATEMENT	FLORIDA DEPARTME Secretary of a	State	0	FILE D		
DOCUMENT # L Ologoolly10 1. Limited Liability Company's Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
7	ETNOMICS	, he f	3K		3230901016 90048 044	\$50,00	
2. Principa	al Office Address	3. Mailing Office Address	/ /	06/13/03	90048 044	470.00	
801	Brickell Ave	801 Brickell	- 1 2 11 18 2 11		y of Formation		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		FLORIOA			
900		905		5. Date Organized or Qualified To Do Business in Florida			
City & State		City & State		6. FEI Number Applied For			
W180		WIAMI		٥ - حي	25/2080	Not Ap	plicable
Zip	Country	Zip Cou	·	7. CERTIFICATE O	F STATUS DESIRED \$	5.00 Additional Fee	
3313	A 20 18) ム 尺 s of Current Registere			for a Certificate of	Status
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State State							
Registered		REGISTERED AGENT MUST SIGN			Date 8/2×/-	70	[8
10. Name	es and Street Addresses of Managing M	embers/Managers					
Titles	Name of Managing Members/Man	agers Ma	Street Address of Each Managing Member/Manager		City / State / Zip		
MER	Alfredo E R	MIAMI OCTO	ckell Ave FC 3313	4 905	MIAMI FL	33131	
STATEMENT 2003 -2004							
				08/31	0004069 /04010560		0
			+ 5 ' \		·		
filing the	fy that I am managing member/manage his reinstatement application the reason s owed by the limited liability company hade under oath.	for dissolution has been eliminated, t	he limited liability compa	iny name satisfies t	the requirements of section	on 608.406, F.S., and	that
Signature of Managing Member/Manager Date 8 2004 Daytime Phone # 305 311 - 2100							
Typed or printed name of signing Managing Member/Manager Alfred E Rosso							