

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Oct 15, 2004
Secretary of State**

DOCUMENT# L02000003805

Entity Name: PURISSIMO, LLC

Current Principal Place of Business:

8209 NW 68 STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8209 NW 68 STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 04-3613495 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:

SAFFON, GERMAN CEO
8209 NW 68 STREET
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SAFFON, GERMAN
Address: 8209 NW 68 STREET
City-St-Zip: MIAMI, FL 33166

Title: MGR () Delete
Name: LONDONO, JULIAN
Address: 1529 SOUTHWEST 23RD STREET
City-St-Zip: MIAMI, FL 33142

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: BOTERO, ALAN
Address: 8209 NW 68 ST
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GERMAN SAFFON

MGR

10/15/2004

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