

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000009738

Entity Name: INVERCOUNSEL USA LLC

**FILED**  
**Oct 05, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

CALLE SALUSTIANO OLOZAGA  
4 BAJO DCHA  
ALBEMARLE, NC 28001

**New Principal Place of Business:**

**Current Mailing Address:**

2 SOUTH BISCAYNE BOULEVARD, SUITE 3400  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 03-0470782      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:**

VALDES-FAULI CORPORATE SERVICES, INC.  
2 SOUTH BISCAYNE BOULEVARD  
MIAMI, FL 33131      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: VALDES-FAULI CORPORATE SERVICES, INC.

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: GARCIA-ORDONEZARMINA, CARLOS  
Address: CALLE SALUSTIANO OLOZAGA 4  
City-St-Zip: ALBEMARLE, NC 28001

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

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: CARLOS GARCIA-ORDONEZ

MGR

10/05/2005

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