

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000007643

FILED
Dec 15, 2007
Secretary of State

Entity Name: TRINIDAD INTERNATIONAL INVESTMENTS, LLC

Current Principal Place of Business:

215 CELEBRATION PLACE, STE 500 OFFICE 55
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

1111 ASHBEE LANE
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 75-3103316 **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:

TOVAR, ILEANA ARIAS ESQ
1725 MAIN STREET, SUITE 205
WESTON, FL 33326 US

Name and Address of New Registered Agent:

DAGER, LUIS J
1111ASHBEE LANE
CELEBRATION, FL 34747 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: LUIS J DAGER

12/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DAGER, LUIS J
Address: 1111 ASHBEE LANE
City-St-Zip: CELEBRATION, FL 34747

Title: MGR () Delete
Name: CARLESSO, CRISTINA
Address: 215 CELEBRATION PLACE, STE 500 OFFICE 55
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES:

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

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

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: LUIS J DAGER

DIRE

12/15/2007

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