

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000010443

Entity Name: NIDO, LLC

FILED
Oct 25, 2006
Secretary of State

Current Principal Place of Business:

5503 NW 72 AVE
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

5503 NW 72 AVE
MIAMI, FL 33166

New Mailing Address:

FEI Number: 42-1583530 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:

PIEDRA, AURELIO A CPA
780 NW 42 AVE
#516
MIAMI, FL 33126 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: A.P.

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DACHARRY, MAXIMILIANO
Address: 780 NORTHWEST LEJEUNE ROAD, STE. 516
City-St-Zip: MIAMI, FL 33126

Title: MGR () Delete
Name: JORGENSEN, CYNTHIA
Address: 780 NW 42 AVE STE 516
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DACHARRY, MAXIMILIANO
Address: 20201 E COUNTRY CLUB DR #702
City-St-Zip: AVENTURA, FL 33180

Title: MGR (X) Change () Addition
Name: JORGENSEN, CYNTHIA
Address: 20201 E COUNTRY CLUB DR #702
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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: MAXMILIANO DACHARRY

MGR

10/25/2006

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