

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000013037

FILED
Jul 06, 2006
Secretary of State

Entity Name: CASTAWAYS X, L.L.C.

Current Principal Place of Business:

1865 BRICKELL AVENUE #A1713
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

1865 BRICKELL AVENUE #A1713
MIAMI, FL 33129

New Mailing Address:

FEI Number: 20-0117689 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:

DE YANES, CARMEN
1865 BRICKELL AVENUE #A1713
MIAMI, FL 33129 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: CARMEN YANES

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GUSTAVO, YANES J MR
Address: 1865 BRICKELL AVE. APT A1713
City-St-Zip: MIAMI, FL 33129 US

Title: MGR () Delete
Name: RICARDO, YANES J MR
Address: 1865 BRICKELL AVE. APT A1713
City-St-Zip: MIAMI, FL 33129 US

Title: MGR () Delete
Name: JOSE, YANES E MR
Address: 1865 BRICKELL AVE. APT A1713
City-St-Zip: MIAMI, FL 33129 US

Title: MGR () Delete
Name: GUILLERMO, YANES J MR
Address: 1865 BRICKELL AVE. APT A1713
City-St-Zip: MIAMI, FL 33129 US

Title: MGR () Delete
Name: CARMEN, YANES C MRS
Address: 1865 BRICKELL AVE. APT A1713
City-St-Zip: MIAMI, FL 33129 US

ADDITIONS/CHANGES:

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

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

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

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 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: GUSTAVO YANES

MGR

07/06/2006

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