## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L03000013651

Title:

Name:

Address:

City-St-Zip:

MGR

(X) Delete

TRANSV. 23, NO. 100-43, APTO. 402

AGUIRRE, SUSAN G

BOGOTA, CO

Entity Name: MINDLA INVESTMENTS, LC

FILED Apr 13, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2121 PONCE DE LEON BLVD 2600 DOUGLAS ROAD 1050 1100 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** 2121 PONCE DE LEON BLVD 2600 DOUGLAS ROAD 1050 1100 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 FEI Number: 65-1182968 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: CONSULTING SERVICES OF SOUTH FLORIDA, INC GURIAN, JORGE 2121 PONCE DE LEON BLVD 2600 DOUGLAS ROAD 1050 1100 CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 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: JORGE GURIAN 04/13/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete AGUIRRE, PATRICIA Name: Name: Address: TRANSVERSAL 23, #100-43, APTO. 402 Address: City-St-Zip: BOGOTA, COLOMBIA. City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: AGUIRRE, RUBEN G Name: Address: TRANSVERSAL 23, #100-43, APTO, 402 Address: City-St-Zip: BOGOTA, COLOMBIA, 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: PATRICIA AGUIRRE MGR 04/13/2007