2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 01, 2005
Secretary of State

DOCUMENT# L03000016993

Entity Name: MENCALUCA, LLC

Current Principal Place of Business:

2330 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2330 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

LONGENECKER, ALINA C
20 ISLAND AVENUE
501
MIAMI BEACH, FL 33139 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: /ALINA LONGENECKER/
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MENCARINI, LUCA
Address: 2330 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

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: /LUCA MENCARINI/ MGRM 11/01/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date