

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000017829

Entity Name: LADEX, LLC

FILED
May 06, 2009
Secretary of State

Current Principal Place of Business:

7231 S.W. 63RD AVENUE
SUITE 200
MIAMI, FL 33143

New Principal Place of Business:

201 ALHAMBRA CIRCLE
701
CORAL GABLES, FL 33134

Current Mailing Address:

7231 S.W. 63RD AVENUE
SUITE 200
MIAMI, FL 33143

New Mailing Address:

201 ALHAMBRA CIRCLE
701
CORAL GABLES, FL 33134

FEI Number: 54-2111410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

GARCIA, DAVID R ESQ.
GABLES INTERNATIONAL PLAZA
2655 LE JEUNE ROAD, SUITE 802
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MOREIRA, DOMINGO A
201 ALHAMBRA CIRCLE
701
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: DOMINGO A. MOREIRA

05/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOREIRA, DOMINGO A
Address: 7231 SW 63 AVE STE 200
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOREIRA, DOMINGO A
Address: 201 ALHAMBRA CIRCLE SUITE 701
City-St-Zip: CORAL GABLES, FL 33134

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: DOMINGO A. MOREIRA

MGR

05/06/2009

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