

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000023667

FILED
Oct 14, 2005
Secretary of State

Entity Name: CAFE BROWN, LLC

Current Principal Place of Business:

5826 NW 113 PLACE
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

5826 NW 113 PLACE
MIAMI, FL 33178

New Mailing Address:

FEI Number: 20-0639410 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:

LABEAU, CARLOS A
5826 NW 113 PLACE
MIAMI, FL 33178 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: CARLOS A LABEAU

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: LABEAU, CARLOS A
Address: 5826 NW 113 PLACE
City-St-Zip: MIAMI, FL 33178

Title: T () Delete
Name: LABEAN, ANGEL A
Address: 5826 NW 113 PLACE
City-St-Zip: MIAMI, FL 33178

Title: S (X) Delete
Name: PASARIELLO, JENNIFER
Address: 5826 NW 113 PLACE
City-St-Zip: MIAMI, FL 33178

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:

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: CARLOS A LABEAU

P

10/14/2005

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