

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000026129

Entity Name: COL-AMERICAN GROUP, LLC

FILED  
Mar 09, 2005  
Secretary of State

## Current Principal Place of Business:

202-25 NE 34TH CT., APT. 2019  
AVENTURA, FL 33180

## New Principal Place of Business:

202-25 NE 34TH CT.  
APT. 2019  
AVENTURA, FL 33180

## Current Mailing Address:

202-25 NE 34TH CT., APT. 2019  
AVENTURA, FL 33180

## New Mailing Address:

202-25 NE 34TH CT.  
APT. 2019  
AVENTURA, FL 33180

FEI Number: 56-2442243      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:

PORTUONDO, FERNANDO J ESQ  
2121 PONCE DE LEON BLVD, STE 600  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

PARRA, ISABEL C  
202-25 NE 34TH CT.  
APT. 2019  
AVENTURA, FL 33180 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: ISABEL C. PARRA

03/09/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: PARRA, IVAN O  
Address: 202-25 NE 34TH CT., APT. 2019  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete  
Name: PARRA, ISABEL C  
Address: 202-25 NE 34TH CT., APT. 2019  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete  
Name: PASTRAN, OMAR  
Address: 202-25 NE 34TH CT., APT. 2019  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete  
Name: PASTRAN, MARTA  
Address: 202-25 NE 34TH CT., APT. 2019  
City-St-Zip: AVENTURA, FL 33180

## 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:

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: IVAN O. PARRA

MGRM

03/09/2005

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