


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 12 PM 2:39

DOCUMENT # L03000030645	
1. Entity Name GICADA, LLC	

Principal Place of Business 900 BAY DR, UNIT 424 MIAMI BEACH, FL 33141	Mailing Address 14100 PALMETTO FRONTAGE ROAD, #201 MIAMI LAKES, FL 33016
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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09062007 REIN-LLC CR2E101 (1/07)

4. FEI Number 11-3707442	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DUNKLEY, LINDSAY 14100 PALMETTO FRONTAGE ROAD, #201 MIAMI LAKES, FL 33016	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOGGIANO, SILVIA FRENTE A LA PLAZA BLIVAR CALLE COLOMBIA VALENCIA, VENEZUELA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400109588964 09/18/07--01059--021 **100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOGGIANO, ALEJANDRA FRENTE A LA PLAZA BLIVAR CALLE COLOMBIA VALENCIA, VENEZUELA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

2006-2007

BLT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate, and that my 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:  **Date:** Sept 06/2007 **Daytime Phone #:** 305-8216232.