

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000036168

Entity Name: B-MAX INVESTMENTS, LLC.

FILED
Mar 06, 2007
Secretary of State

Current Principal Place of Business:

1000 PONCE DE LEON BLVD.
SUITE: 329
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

1000 PONCE DE LEON BLVD.
SUITE: 329
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 20-0287767 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:

SOTO GARCIA, NANCY
1000 PONCE DE LEON BLVD.
SUITE: 328
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: EDGAR M. DUARTE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SOTO GARCIA, NANCY
Address: 1000 PONCE DE LEON BLVD. SUITE: 328
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR () Delete
Name: DUARTE, EDGAR M
Address: 1000 PONCE DE LEON BLVD. SUITE: 328
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

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 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: EDGAR M. DUARTE

MGR

03/06/2007

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