

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000036462

Entity Name: ZLRH ENTERPRISES, LLC

FILED
Oct 21, 2005
Secretary of State

Current Principal Place of Business:

PO BOX 02-5201
MIAMI, FL 33102

New Principal Place of Business:

Current Mailing Address:

2699 SOUTH BAYSHORE DRIVE
4TH FLOOR
MIAMI, FL 33133

New Mailing Address:

FEI Number: 13-4266827 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:

KAUFMAN ROSSIN & CO.
2699 SOUTH BAYSHORE DRIVE
4TH FLOOR
MIAMI, FL 33133 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: KAUFMAN ROSSIN & CO.

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ZIMERI, LUIS S
Address: PO BOX 02-5201
City-St-Zip: MIAMI, FL 33102

Title: MGR () Delete
Name: ZIMERI, RICARDO
Address: PO BOX 02-5201
City-St-Zip: MIAMI, FL 33102

Title: MGR () Delete
Name: ZIMERI, HILDA
Address: PO BOX 02-5201
City-St-Zip: MIAMI, FL 33102

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: LUIS ZIMERI

PR.

10/21/2005

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