


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 11 AM 8:45

<b>DOCUMENT # L03000039566</b> 1. Entity Name <b>U.S. AIRPORT SERVICES, LLC</b>			
Principal Place of Business <b>8323 N.W. 12TH STREET</b> <b>MIAMI, FL 33126 US</b> <i>Change</i>		Mailing Address <b>8323 N.W. 12TH STREET</b> <b>MIAMI, FL 33126 US</b> <i>Change</i>	
2. Principal Place of Business <b>1355 N.W. 97 Ave.</b> Suite, Apt. #, etc. <b>200</b> City & State <b>Miami, FL.</b> Zip <b>33172</b>		3. Mailing Address <b>1355 N.W. 97 Ave.</b> Suite, Apt. #, etc. <b>200</b> City & State <b>Miami, FL.</b> Zip <b>33172</b>	
Country <b>USA</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>BECKER &amp; POLIAKOFF, P.A.</b> <b>5201 BLUE LAGOON DRIVE</b> <b>SUITE 100</b> <b>MIAMI, FL 33126</b>		7. Name and Address of New Registered Agent Name <b>Carlos Yedo</b> Street Address (P.O. Box Number is Not Acceptable) <b>1355 N.W. 97 AVE. Suite 200</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33172</b>	
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 <u><i>Carlos Yedo</i></u> <b>Carlos Yedo, President</b> <b>3-8-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$200.00</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM YEDO, CARLOS PRESIDE 1355 N.W. 97TH AVE MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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11. I hereby certify that the information supplied with this filing does not qualify 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 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 606, Florida Statutes.			
SIGNATURE: <u><i>Carlos Yedo</i></u> <b>Carlos Yedo</b>		Date <b>3-8-05</b> Daytime Phone # <b>305-717-5015</b>	

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