

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000054783

Entity Name: 1318 C.A. LLC

FILED  
Jan 07, 2008  
Secretary of State

**Current Principal Place of Business:**

2717 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

13638 SW 119 AVE  
MIAMI, FL 33186

**Current Mailing Address:**

2717 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**New Mailing Address:**

13638 SW 119 AVE  
MIAMI, FL 33186

FEI Number: 20-0581742      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:**

SERGIO DE VARONA, CPA  
304 PALERMO AVE  
CORAL GABLES, FL 33134      US

**Name and Address of New Registered Agent:**

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: SERGIO DE VARONA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: ALFIERI MONTES DE OC, A OLIVER  
Address: 2717 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM      ( ) Delete  
Name: OLICER, JACQUELINE  
Address: 2717 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: ALFIERI MONTES DE OC, A OLIVER  
Address: 13638 SW 119 AVE  
City-St-Zip: MIAMI, FL 33186

Title: MGRM      (X) Change      ( ) Addition  
Name: OLIVER, JACQUELINE  
Address: 13638 SW 119 AVE  
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify 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: ALFIERI MONTES DE OCA OLIVER

MGRM

01/07/2008

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