

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000008897

Entity Name: LA VEREDITA LLC

FILED
Oct 11, 2006
Secretary of State

Current Principal Place of Business:

1132 KANE CONCOURSE
2ND FLOOR
BAY HARBOR ISLAND, FL 33154

New Principal Place of Business:

216 SW 12 AVENUE
MIAMI, FL 33130

Current Mailing Address:

1132 KANE CONCOURSE
2ND FLOOR
BAY HARBOR ISLAND, FL 33154

New Mailing Address:

216 SW 12 AVENUE
MIAMI, FL 33130

FEI Number: 20-0677571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIGUEROA, JUAN A PA, CPA
1428 BRICKELL AVE
SUITE 206
MIAMI, FL 33131 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: JUAN FIGUEROA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MEMUN, ABRAHAM
Address: 1132 KANE CONCOURSE, 2ND FLOOR
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: MGRM () Delete
Name: SALAME, SIMONE
Address: 1132 KANE CONCOURSE, 2ND FLOOR
City-St-Zip: BAY HARBOR ISLAND, FL 33154

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MEMUN, ABRAHAM
Address: 216 SW 12 AVENUE
City-St-Zip: MIAMI, FL 33130

Title: MGRM (X) Change () Addition
Name: SALAME, SIMONE
Address: 216 SW 12 AVENUE
City-St-Zip: MIAMI, FL 33140

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: ABRAHAM MEMUN

MGR

10/11/2006

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