

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 23 AM 9:23

DOCUMENT # L04000016768

1. Entity Name
EVOLUTION ENTERTAINMENT USA, LLC.



Principal Place of Business

3215 NE 2ND AVE
MIAMI, FL 33137 US

Mailing Address

3215 NE 2ND AVE
MIAMI, FL 33137 US

2. Principal Place of Business - No P.O. Box #

1 N 40th St.

Suite, Apt. #, etc.

Suite 100

City & State

Miami, FL

Zip

33137

Country

USA

3. Mailing Address

1 N 40th St

Suite, Apt. #, etc.

Suite 100

City & State

Miami, FL

Zip

33137

Country

USA

05162008 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-0809949

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRAID, ELINOR
3215 NE 2ND AVE
MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name
Daniel Gerber
Street Address (P.O. Box Number is Not Acceptable)

1 N 40th St. # 100

City
Miami

FL

Zip Code

33137

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/16/08

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FRAID, ELINOR
3453 NE 210TH TERR
AVENTURA, FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GERBER, DANIEL
3215 NE 2ND AVE
AVENTURA, FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
M
IZQUIERDO, EUSEBIO
640 SW 60 CT
MIAMI, FL 33144 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
400129918204
05/21/08--01004--008 **277.50

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/16/08

(205) 790-3456

Date

Daytime Phone #

REINSTATEMENT
w/o/p 5/20/08
[Signature]