

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000018285

Entity Name: AADRIAN INVESTMENT LLC

FILED  
Sep 24, 2007  
Secretary of State

**Current Principal Place of Business:**

169 EAST FLAGLER STREET, SUITE #1534  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

169 EAST FLAGLER STREET, SUITE #1534  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) 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:**

NICENBOIM, JOSE  
169 EAST FLAGLER STREET, SUITE #1534  
MIAMI, FL 33131 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: JOSE NICENBOIM

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GUILLEN, ANTONIO G  
Address: 169 EAST FLAGLER STREET, SUITE #1534  
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete  
Name: MEDINA DE GUTIERREZ, MARIA Y  
Address: 169 EAST FLAGLER STREET, SUITE #1534  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

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 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: ANTONIO GUTIERREZ GUILLEN

MGR

09/24/2007

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