

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000036894

FILED
Mar 19, 2009
Secretary of State

Entity Name: SABRINA'S HEMISPHERE, LLC

Current Principal Place of Business:

2600 DOUGLAS ROAD
SUITE 1100
CORAL GABLES, FL 33134

New Principal Place of Business:

2665 S BAYSHORE DRIVE
SUITE 906
COCONUT GROVE, FL 33133

Current Mailing Address:

2600 DOUGLAS ROAD
SUITE 1100
CORAL GABLES, FL 33134

New Mailing Address:

2665 S BAYSHORE DRIVE
SUITE 906
COCONUT GROVE, FL 33133

FEI Number: 20-1122221 **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:

GURIAN, JORGE L
2600 DOUGLAS ROAD
SUITE 1100
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GURIAN, JORGE L
2665 S BAYSHORE DRIVE
SUITE 906
COCONUT GROVE, FL 33133 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: JORGE L GURIAN

03/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GEERINCKX, SABRINA
Address: 2600 DOUGLAS ROAD SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GEERINCKX, SABRINA
Address: 2665 S BAYSHORE DRIVE, #906
City-St-Zip: COCONUT GROVE, FL 33133

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: SABRINA GEERINCKX

MGRM

03/19/2009

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