

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000037417

FILED
Aug 23, 2006
Secretary of State

Entity Name: GOLLAZ, LLC

Current Principal Place of Business:

2600 DOUGLAS ROAD, PH-6
CORAL GABLES, FL 33134

New Principal Place of Business:

2600 S. DOUGLAS ROAD
PH-6
CORAL GABLES, FL 33134

Current Mailing Address:

2600 DOUGLAS ROAD, PH-6
CORAL GABLES, FL 33134

New Mailing Address:

2600 S. DOUGLAS ROAD
PH-6
CORAL GABLES, FL 33134

FEI Number: 20-1216172 **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:

PADIAL, JOSE I
2600 DOUGLAS ROAD, PH-6
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PADIAL, JOSE I
2600 S. DOUGLAS ROAD
PH-6
CORAL GABLES, FL 33134 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 I. PADIAL

08/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PADIAL, JOSE I
Address: 2600 DOUGLAS ROAD, PH-6
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FERNANDEZ, ALEJANDRO
Address: 601 BRICKELL KEY DR #406
City-St-Zip: MIAMI, FL 33131 US

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: ALEJANDRO FERNANDEZ

MGRM

08/23/2006

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