

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000041549

FILED
Oct 02, 2007
Secretary of State

Entity Name: TRIAD GROUP INVESTMENTS, LLC

Current Principal Place of Business:

13068 N.W. 9 TERRACE
MIAMI, FL 33182

New Principal Place of Business:

1570 MADRUGA AVENUE
SUITE 407
CORAL GABLES, FL 33146

Current Mailing Address:

13068 N.W. 9 TERRACE
MIAMI, FL 33182

New Mailing Address:

1570 MADRUGA AVENUE
SUITE 407
CORAL GABLES, FL 33146

FEI Number: 27-0092877 **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:

PORRY, ANA CRISTINA
13068 N.W. 9 TERRACE
MIAMI, FL 33182 US

Name and Address of New Registered Agent:

CEL REGISTERED AGENTS, LLC
2601 BAYSHORE DRIVE, SUITE #700
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: SANTIAGO ELJAEK, MANAGER

10/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALEGRE, CLAUDIO J
Address: 13068 N.W. 9 TERRACE
City-St-Zip: MIAMI, FL 33182

Title: MGRM (X) Delete
Name: PORRY, ANA CRISTINA
Address: 13068 N.W. 9 TERRACE
City-St-Zip: MIAMI, FL 33182

Title: MGRM (X) Delete
Name: GAMBIN, FRANCISCO A
Address: 13068 N.W. 9 TERRACE
City-St-Zip: MIAMI, FL 33182

Title: MGRM (X) Delete
Name: SALCINES, ANDRE J
Address: 13068 N.W. 9 TERRACE
City-St-Zip: MIAMI, FL 33182

ADDITIONS/CHANGES:

Title: MEMB (X) Change () Addition
Name: ALEGRE, CLAUDIO J
Address: 1570 MADRUGA AVENUE, #407
City-St-Zip: CORAL GABLES, FL 33146

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

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Address: () Change () Addition
City-St-Zip: () Change () Addition

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: CLAUDIO ALEGRE

MEMB

10/02/2007

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