

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000052670

Entity Name: AIM VENTURES, LLC

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

4000 PONCE DE LEON BLVD
STE 470
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

4000 PONCE DE LEON BLVD
STE 470
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

BARRIOS, ALEXANDER
4000 PONCE DE LEON BLVD
STE 470
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

BARRIOS, IVAN
4000 PONCE DE LEON BLVD
STE 470
CORAL GABLES, FL 33146 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: IVAN BARRIOS

01/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARRIOS, ALEXANDER
Address: 4000 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM () Delete
Name: BARRIOS, IVAN M
Address: 4000 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146

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: IVAN BARRIOS

MGRM

01/06/2009

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