

**2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Jun 07, 2006  
Secretary of State**

DOCUMENT# L04000065130

Entity Name: SAREGO INVESTMENTS LLC

**Current Principal Place of Business:**

605 OAKS DRIVE  
706  
POMPANO BEACH, FL 33069 US

**New Principal Place of Business:**

**Current Mailing Address:**

605 OAKS DRIVE  
706  
POMPANO BEACH, FL 33069 US

**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:**

SARDINAS, ABEL SR  
605 OAKS DRIVE  
706  
POMPANO BEACH, FL 33069 US

**Name and Address of New Registered Agent:**

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: ABEL SARDINAS SR.

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: EGOAVIL, LUIS E  
Address: 605 OAKS DRIVE # 706  
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: MGRM ( ) Delete  
Name: SARDINAS, JOSEFINA  
Address: 605 OAKS DRIVE # 706  
City-St-Zip: POMPANO BEACH, FL 33069 US

**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 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: LUIS E. EGOAVIL

MGRM

06/07/2006

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