

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000082890

FILED
Oct 05, 2009
Secretary of State

Entity Name: OREON 122, LLC

Current Principal Place of Business:

915 W 49TH ST
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

915 W 49TH ST
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 20-1883532 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:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ENTERPRICE RESOURCE PLANNING, INC.
10305 NW 41ST STREET
219
DORAL, FL 33178 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: ROBERTO DILENA

10/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROBAYO, EDUARDO
Address: 2121 PONCE DE LEON BLVD. #1050
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: ROBAYO, CAMILO
Address: 2121 PONCE DE LEON BLVD. #1050
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: ROBAYO, ADRIANA
Address: 2121 PONCE DE LEON BLVD. #1050
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: GONZALEZ, JAIRO
Address: 2121 PONCE DE LEON BLVD. #1050
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: ROBAYO, LUIS CARLOS
Address: 2121 PONCE DE LEON BLVD. #1050
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM (X) Delete
Name: MONTANA, FERNANDO
Address: 7834 N.W. 116TH AVE.
City-St-Zip: MEDLEY, FL 33176

ADDITIONS/CHANGES:

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

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

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

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

Title: () Change () Addition
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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: EDUARDO ROBAYO

MGRM

10/05/2009

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