

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

03 DEC -2 AM 10:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA



| | | | | | |
|--|--|--|--|---|--|
| DOCUMENT # L04000093168 1. Entity Name ZUDAKA, LLC | | | | | |
| Principal Place of Business 1770 NE 191 STREET #815 NORTH MIAMI BEACH, FL 33179 US | | | Mailing Address 1770 NE 191 STREET #815 NORTH MIAMI BEACH, FL 33179 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State Zip Country | | | City & State Zip Country | | |
| 4. FEI Number 20-2233151 | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CASTANO, ANDRES F 1770 NE 191 STREET #815 NORTH MIAMI BEACH, FL 33179 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CASTANO, ANDRES F 1770 NE 191 STREET, #815 NORTH MIAMI BEACH, FL 33179 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ARIAS, GUILLERMO 1770 NE 191 STREET, #815 NORTH MIAMI BEACH, FL 33179 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM | <input type="checkbox"/> Delete | | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. | | | REINSTATEMENT | | |
| SIGNATURE: | | | Date 11/24/08 Daytime Phone # 786-525-7826 | | |