

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000002028

FILED
Nov 07, 2006
Secretary of State

Entity Name: CESPEDES INVESTMENT, LLC

Current Principal Place of Business:

157 VALENCIA RD
DEBARY, FL 32713 US

New Principal Place of Business:

Current Mailing Address:

157 VALENCIA RD
DEBARY, FL 32713 US

New Mailing Address:

FEI Number: 59-3793601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

POU, FERNANDO MR
3338 CURRY FORD RD
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

POU, FERNANDO MR
157 VALENCIA RD
DEBARY, FL 32713 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: FERNANDO POU

11/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CESPEDES, LILIA M MRS
Address: 157 VALENCIA RD
City-St-Zip: DEBARY, FL 32713 US

Title: MGR () Delete
Name: CESPEDES, SAMUEL E MR
Address: 157 VALENCIA RD
City-St-Zip: DEBARY, FL 32713 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: HERNANDEZ, MANUEL C MR
Address: 157 VALENCIA RD
City-St-Zip: DEBARY, FL 32713 US

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: LILIA CESPEDES

MGR

11/07/2006

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