

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000009248

FILED
Sep 29, 2006
Secretary of State

Entity Name: MERRICK USA, LC

Current Principal Place of Business:

1114 S. DOUGLAS RD., STE. 6
CORAL GABLES, FL 33134

New Principal Place of Business:

2875 NE 191ST STREET
302
AVENTURA, FL 33180 US

Current Mailing Address:

1114 S. DOUGLAS RD., STE. 6
CORAL GABLES, FL 33134

New Mailing Address:

2875 NE 191ST STREET
302
AVENTURA, FL 33180 US

FEI Number: 20-2304387 **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:

AGRAMUNT, LUIS
1114 S. DOUGLAS RD., STE. 6
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CALVO MONDELO, FERNANDO
2875 NE 191ST STREET
302
AVENTURA, FL 33180 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 CALVO MONDELO

09/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CONDE MORALES, ANA ISABEL
Address: 1114 S. DOUGLAS RD., STE. 6
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CONDE MORALES, ANA ISABEL
Address: 2875 NE 191ST STREET, SUITE 302
City-St-Zip: AVENTURA, FL 33180 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: FERNANDO CALVO MONDELO

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09/29/2006

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