2008	LIMITED	LIABI		COMPANY
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Mailing Address

DOCUMENT # L05000018285

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1. Entity Name XENTENARIO, LLC

Principal Place of Business

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FILED Feb 06, 2008 8:00 am Secretary of State 02-06-2008 90120 041 ***138.75

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2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apl. #, etc. 01312008 Chy LLC CR2E028 (1206) City & State Chy & State Chy & State Chy & State Applied Fire Zip Country Zip Country S. Contribute of Status Desined \$\$5.00 Acatterial Fire Regulated JALL, SERCIO D Instrument Address of Current Registered Agent Name and Address of Current Registered Agent Name and Address of Registered Agent JALL, SERCIO D Instrument Address of Current Registered Agent Name and Address (PC) Country of Miami State Address (PC) Box Number is Not Accepterable. SUITE 213 BAXY MARBER ISLES, FL 33154 Coll S. Biscayne Blvd., Suite 1500 City Miami Side Address of Country is any on the statement in the puppers of thergo the statement on the State of Florida, Linn Emiliar with and accepter Agent accepterable. Coll S. Biscayne Blvd., Suite 1500 Barry Mark 1, 2008 Foo will be S38.7.5 Prest Address (PC) Box Number is the Address of Current Registered Agent accepterable to Provide State State Provide State State 9. MARL SERCIOD DAR Name Address Concolurse, Suite 215 Control State 9. MARL SERCIOD DAR Name Address Concolurse, Suite 215 Control State <tr< th=""><th>1111 KANE COUNCOURSE SUITE 215 BAY HARBOR ISLES, FL 33154</th><th colspan="2">1111 KANE CONCOURSE SUITE 215 BAY HARBOR ISLES, FL 33154</th><th></th></tr<>	1111 KANE COUNCOURSE SUITE 215 BAY HARBOR ISLES, FL 33154	1111 KANE CONCOURSE SUITE 215 BAY HARBOR ISLES, FL 33154					
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			City I	Miami FL ^{Zip Code} 33131.			
SIGNATURE By: Addition By: By: By: By: By: Make check payable to Florida Dopatiment of State By: MANAGING MEMBERS/MANAGERS 10. By: MGR Date: Mile: By: MARAGING MEMBERS/MANAGERS 10. By: MARAGING MEMBERS/MANAGERS 10. By: MARAGING MEMBERS/MANAGERS 10. By: By: Bay: Harbor Isles, FL 33154 By: By: By: By: By: By: Bay: By: By: By: By: By: By: By: By: By: By: By: By: By: By: By: By: By:	8. The above named entity submits this statement for	the purpose of changing its r	egistered office or	registered agent, or both, in the State of Florida. I am familiar with, and accept			
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