

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000042671

Entity Name: AMBAR, LLC

**FILED**  
**Apr 26, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

10 ARAGON AVENUE  
#1016  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

BAHAMAS FINANCIAL CENTRE  
P.O. BOX N-3023  
NASSAU, NP BAHAMAS XX

**New Mailing Address:**

FEI Number: 98-0568894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: MADONNA MALINOWSKI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OCTAGON MANAGEMENT LIMITED  
Address: BAHAMAS FIN. CNTR., P.O. BOX N-3023  
City-St-Zip: NASSAU, NP BAHAMAS XX

Title: MGRM  
Name: TRIANGLE ADMINISTRATION LIMITED  
Address: BAHAMAS FIN. CNTR., P.O. BOX N-3023  
City-St-Zip: NASSAU, NP BAHAMAS XX

Title: MGRM  
Name: CIRCLE CORPORATE SERVICES LIMITED  
Address: BAHAMAS FIN. CNTR., P.O. BOX N-3023  
City-St-Zip: NASSAU, NP BAHAMAS XX

I hereby 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: DONALD CAMPBELL

MGRM

04/26/2013

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