

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000046041

FILED
Mar 13, 2008
Secretary of State

Entity Name: RECYCLING GROUP, L.L.C.

Current Principal Place of Business:

2873 BANYAN BLVD. CIR. N.W.
BOCA RATON, FL 33431

New Principal Place of Business:

2351 SW 37 AVENUE
SUITE 803
MIAMI, FL 33145

Current Mailing Address:

2873 BANYAN BLVD. CIR. N.W.
BOCA RATON, FL 33431

New Mailing Address:

2351 SW 37 AVENUE
SUITE 803
MIAMI, FL 33145

FEI Number: 77-0715416 **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:

SALAMANCA, FABIO L
2873 BANYAN BLVD. CIR. N.W.
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

FIANO, MASSIMILIANO
2351 SW 37 AVENUE
SUITE 803
MIAMI, FL 33145 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: MASSIMILIANO FIANO

03/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SALAMANCA, FABIO L
Address: 2873 BANYAN BLVD. CIR. N.W.
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FIANO, MASSIMILIANO
Address: 2351 SW 37 AVENUE SUITE 803
City-St-Zip: MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify 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: MASSIMILIANO FIANO

MGRM

03/13/2008

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