

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000056006

**FILED**  
**Oct 09, 2006**  
**Secretary of State**

**Entity Name:** CHUCHO MARTI ACQUISITIONS, LLC

**Current Principal Place of Business:**

9210 S.W. 72ND STREET, #103  
MIAMI, FL 33173

**New Principal Place of Business:**

5835 BLUE LAGOON DRIVE  
SUITE 302  
MIAMI, FL 33126

**Current Mailing Address:**

9210 S.W. 72ND STREET, #103  
MIAMI, FL 33173

**New Mailing Address:**

5835 BLUE LAGOON DRIVE  
SUITE 302  
MIAMI, FL 33126

**FEI Number:** 20-3022593      **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:**

LEE, STEVEN M  
1220 S.W. 2ND AVE.  
MIAMI, FL 33130      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:** JORGE C MEDEROS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES:**

**Title:** MR ( ) Change (X) Addition  
**Name:** MEDEROS, JORGE C  
**Address:** 5835 BLUE LAGOON DRIVE # 302  
**City-St-Zip:** MIAMI, FL 33126

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:** JORGE C MEDEROS

MR

10/09/2006

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