## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L05000056410

Entity Name: SIVANDELA LLC

FILED Oct 26, 2006 Secretary of State

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
801 BRICKELL AVENUE STE 932 MIAMI, FL 33131			999 BRICKELL AVENUE STE 400 MIAMI, FL 33131	
Current Mailing Address:		New Maili	New Mailing Address:	
801 BRICKELL AVENUE STE 932 MIAMI, FL 33131			999 BRICKELL AVENUE STE 400 MIAMI, FL 33131	
	FEI Number Applied For()  F ith s. 607.193(2)(b), F.S., the limited liability compan dress of Current Registered Agent:	=		
GOULET, NATHALIE H 801 BRICKELL AVENUE STE 932 MIAMI, FL 33131 US		GOULET, 999 BRICK MIAMI, FL	GOULET, NATHALIE H 999 BRICKELL AVENUE STE 400 MIAMI, FL 33131 US	
in the State of	ned entity submits this statement for the purp Florida.	ose or changing i	ts registered office or registered agent, or both,	
SIGNATURE:	NATHALIE H GOULET		10/26/2006	
	Electronic Signature of Registered Agent		Date	
MANAGING MEM	BERS/MANAGERS:	ADDITIONS/	CHANGES:	
Title: Name: Address: City-St-Zip:	()Delete	Title: Name: Address: City-St-Zip:	MGRM ( ) Change (X) Addition DRAY, CLAUDE 999 BRICKELL AVENUE STE 400 MIAMI, FL 33131	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	MBR ( ) Change (X) Addition DRAY, SIMONE 999 BRICKELL AVENUE STE 400 MIAMI, FL 33131	
Title: Name: Address: City-St-Zip:	()Delete	Title: Name: Address: City-St-Zip:	MBR ( ) Change (X) Addition DRAY AZEROUAL, DELPHINE 999 BRICKELL AVENUE STE 400 MIAMI, FL 33131	
Title: Name: Address: City-St-Zip:	()Delete	Title: Name: Address: City-St-Zip:	MBR ( ) Change (X) Addition DRAY MOUYAL, VANESSA 999 BRICKELL AVENUE STE 400 MIAMI, FL 33131	
Title: Name: Address: City-St-Zip:	()Delete	Title: Name: Address: City-St-Zip:	MBR ( ) Change (X) Addition DRAY, ANNA 999 BRICKELL AVENUE STE 400 MIAMI, FL 33131	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	MBR ( ) Change (X) Addition DRAY, ELISE 999 BRICKELL AVENUE STE 400 MIAMI, FL 33131	

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: CLAUDE DRAY MGRM 10/26/2006