

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000057894

Entity Name: SARATOGA SOUTH, LLC.

FILED
Oct 02, 2008
Secretary of State

Current Principal Place of Business:

9355 GALLARDO ST.
CORAL GABLES, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

9355 GALLARDO ST.
CORAL GABLES, FL 33156 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

Name and Address of New Registered Agent:

LEAL, EDUARDO A
9355 GALLARDO ST.
CORAL GABLES, FL 33156 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: EDUARDO LEAL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEAL, EDUARDO A
Address: 9355 GALLARDO ST.
City-St-Zip: CORAL GABLES, FL 33156 US

Title: MGR () Delete
Name: COSEO, JAMES
Address: 31 HARBOUR ISLE DRIVE WEST
City-St-Zip: FORT PIERCE, FL 34949 US

Title: MGR () Delete
Name: LEAL, MYRNA
Address: 932 ISCOBAR AVE.
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EDUARDO LEAL

MGR

10/02/2008

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