

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000059295

Entity Name: INTERCAMBIO LLC

FILED  
Oct 16, 2009  
Secretary of State

## Current Principal Place of Business:

9300 NW 25 ST  
SUITE 109  
MIAMI, FL 33172 US

## New Principal Place of Business:

10480 NW 37 TERRACE  
DORAL, FL 33178 US

## Current Mailing Address:

9300 NW 25 ST  
SUITE 109  
MIAMI, FL 33172 US

## New Mailing Address:

10480 NW 37 TERRACE  
DORAL, FL 33178 US

FEI Number: 20-8729471      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:

HORACIO SOSA, P.A.  
1825 MAIN STREET  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

MONROY & CO PA  
7950 NW 53RD ST  
215  
DORAL, FL 33166 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: MONROY & CO PA

10/16/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: RIVERO, JHONATTAN  
Address: 9300 NW 25 ST, SUITE 109  
City-St-Zip: DORAL, FL 33172

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: RIVERO, JHONATTAN  
Address: 10480 NW 37 TERRACE  
City-St-Zip: DORAL, FL 33178

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: JHONATTAN RIVERO

MGRM

10/16/2009

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