

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 JUN 25 PM 2:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # L05000063452 1. Entity Name SAUSHA, L.L.C.					
Principal Place of Business 701 BRICKELL AVENUE, SUITE 1480 SUITE 1740 MIAMI, FL 33131		Mailing Address 701 BRICKELL AVENUE, SUITE 1480 SUITE 1740 MIAMI, FL 33131			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3064738	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TRUVILLO, JUAN JOSE 701 BRICKELL AVE SUITE 1740 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE June 16, 2008.	
FILE NOW!!! FEE IS \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRUJILLO, JUAN 701 BRICKELL AVE SUITE 1740 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORREGO, CARLOS 701 BRICKELL AVE SUITE 1740 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 06/23/08 01039-010 **377.60	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALLE, NELSON 701 BRICKELL AVE SUITE 1740 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 06/23/08 01039-010 **377.60	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR (Blank) (Blank) (Blank)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 06/23/08 01039-010 **377.60 700131585587	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR (Blank) (Blank) (Blank)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 07, 08	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:				DATE: June 16, 2008	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DAYTIME PHONE: 305-671-3802	