

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000074477

**FILED**  
**Mar 06, 2008**  
**Secretary of State**

**Entity Name:** CORNER SHOT LATIN AMERICA LLC

**Current Principal Place of Business:**

21055 YACHT CLUB DR  
605  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

21055 YACHT CLUB DR  
605  
AVENTURA, FL 33180 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GERI, HAIM  
21055 YACHT CLUB DR.  
605  
AVENTURA, FL 33180 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: HAIM GERI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GERI, HAIM  
Address: 21055 YACHT CLUB DR SUITE 605  
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM (X) Delete  
Name: SOMMERFELD, CECILIA  
Address: 21055 YACHT CLUB DR SUITE 605  
City-St-Zip: AVENTURA, FL 33180 US

**ADDITIONS/CHANGES:**

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: HAIM GERI

MGR

03/06/2008

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