

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000079060

Entity Name: CLARACOL, LLC

FILED  
Oct 05, 2006  
Secretary of State

**Current Principal Place of Business:**

5311 FISHER ISLAND DRIVE  
MIAMI, FL 33109

**New Principal Place of Business:**

**Current Mailing Address:**

5311 FISHER ISLAND DRIVE  
MIAMI, FL 33109

**New Mailing Address:**

FEI Number: 20-3287240      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:**

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: JESSICA VELLA, CORPORATE CREATIONS NETWORK

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COLLADO, CLARA E  
Address: 5311 FISHER ISLAND DRIVE  
City-St-Zip: MIAMI, FL 33109

Title: MGR ( ) Delete  
Name: COLLADO, HECTOR A  
Address: 5311 FISHER ISLAND DRIVE  
City-St-Zip: MIAMI, FL 33109

**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 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: HECTOR COLLADO

PRES

10/05/2006

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