

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000088127

Entity Name: ASTERISCO BEST, LLC

**FILED**  
**Aug 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

AV. PALMAS 820-504  
COL. LOMAS DE CHAPULTEPEC  
MEXICO D.F., MX 11000 MX

**New Principal Place of Business:**

**Current Mailing Address:**

5805 BLUE LAGOON DR  
SUITE 200  
MIAMI, FL 33126

**New Mailing Address:**

19501 W COUNTRY CLUB DRIVE  
#515  
AVENTURA, FL 33180

FEI Number: 71-0996979

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AG CORPORATE SERVICES LLC  
5805 BLUE LAGOON DR  
SUITE 200  
MIAMI, FL 33126 US

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

ROTHMAN & TOBIN PA  
11900 BISCAYNE BLVD  
SUITE 740  
MIAMI, FL 33181 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: MICHAEL S. TOBIN

08/29/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CHACALO, JOSE  
Address: AV. PALMAS 820-504  
City-St-Zip: COL. LOMAS DE CHAPULTEPEC, MX 11000 MX

Title: MGRM  
Name: CHACALO, ISIDORO  
Address: AV. PALMAS 820-504  
City-St-Zip: COL. LOMAS DE CHAPULTEPEC, MX 11000 MX

I hereby 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: JOSE CHACALO

MGRM

08/29/2012

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