

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000091431

Entity Name: COSACO, LLC

FILED
Dec 15, 2006
Secretary of State

Current Principal Place of Business:

2100 PONCE DE LEON BLVD. #600
CORAL GABLES, FL 33134

New Principal Place of Business:

1000 BRICKELL AVENUE
SUITE 1020
MIAMI, FL 33131

Current Mailing Address:

2100 PONCE DE LEON BLVD. #600
CORAL GABLES, FL 33134

New Mailing Address:

1000 BRICKELL AVENUE
SUITE 1020
MIAMI, FL 33131

FEI Number: FEI Number Applied For (X) 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:

CARLOS J. VILLANUEVA, P.A.
2100 PONCE DE LEON BLVD. #600
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CARLOS J. VILLANUEVA, P.A.
1000 BRICKELL AVENUE
SUITE 1020
MIAMI, FL 33131 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: CARLOS J. VILLANUEVA

12/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NEIRA, MARIO RUSSI
Address: 2100 PONCE DE LEON BLVD. #600
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NEIRA, MARIO RUSSI
Address: 1000 BRICKELL AVENUE, SUITE 1020
City-St-Zip: MIAMI, FL 33131

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: MARIO RUSSI NEIRA

MGMR

12/15/2006

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