

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000102104

Entity Name: SUDAMER LLC

FILED
Sep 19, 2006
Secretary of State

Current Principal Place of Business:

955 EGRET CIRCLE APT. B-402
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

7339 NW 54TH STREET, STE LPB 000008
MIAMI, FL 331664831

New Mailing Address:

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:

Name and Address of New Registered Agent:

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PKWY, STE 300
TAMPA, FL 33637 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: FLORIDA INCORPORATORS, INC.

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEBL, MARIANA
Address: 955 EGRET CIRCLE APT. B-402
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGR (X) Delete
Name: GARRON, CYNTHIA
Address: COLON ESQ. MERCADO 1311
City-St-Zip: LA PAZ BOLIVIA,

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GARRON, CYNTHIA
Address: CAMACHO 1311 ESQ COLON
City-St-Zip: LA PAZ, NA BOLIVIA

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: CYNTHIA GARRON

MGR

09/19/2006

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