

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000109306

Entity Name: EXECUDIVA, LLC

**FILED**  
**Oct 04, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

1825 PONCE DE LEON BLVD  
155  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1825 PONCE DE LEON BLVD  
155  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-3788038      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:**

ORTELA, GINELLA  
1825 PONCE DE LEON BLVD  
155  
CORAL GABLES, FL 33134 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: GINELLA ORTELA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ORTELA, GINELLA M  
Address: 1825 PONCE DE LEON BLVD # 155  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

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: GINELLA ORTELA

MGRM

10/04/2008

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