

**2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Aug 13, 2013  
Secretary of State**

DOCUMENT# L06000003176

Entity Name: AKERO PLUS, LLC

**Current Principal Place of Business:**

C/O ALBERTO J. PEREZ  
2901 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

C/O MONICA CARBONELL  
800 DOUGLAS ROAD, 12TH FLOOR  
CORAL GABLES, FL 33134

**Current Mailing Address:**

C/O ALBERTO J. PEREZ  
2901 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**New Mailing Address:**

C/O MONICA CARBONELL  
800 DOUGLAS ROAD, 12TH FLOOR  
CORAL GABLES, FL 33134

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

SANCHES-MEDINA, ROLAND JR  
SANCHES-MEDINA & ASSOCIATES, P.A.  
2333 PONCE DE LEON BLVD., SUITE 302  
CORAL GABLES, FL 33134 US

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

SANCHES-MEDINA, ROLAND JR  
SMGQ LAW  
201 ALHAMBRA CIRCLE, SUITE 1205  
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: ROLAND SANCHEZ-MEDINA, JR                      08/13/2013  
Electronic Signature of Registered Agent                      Date

**MANAGING MEMBERS/MANAGERS:**

Title: D  
Name: MAS, JOSE  
Address: 800 DOUGLAS ROAD, PH  
City-St-Zip: CORAL GABLES, FL 33134

Title: SEC  
Name: PEREZ, ALBERTO J  
Address: 800 DOUGLAS ROAD  
City-St-Zip: CORAL GABLES, FL 33134

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 MAS                      D                      08/13/2013  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date