

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 18 AM 11:02

DOCUMENT # L06000010276 1. Entity Name COROTO, LLC					
Principal Place of Business 299 ALHAMBRA CIRCLE STE. 403 CORAL GABLES, FL 33134			Mailing Address 299 ALHAMBRA CIRCLE STE. 403 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>175 Fontainebleau Blvd</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>2A5</i>			
City & State		City & State <i>Miami FL</i>			
Zip	Country	Zip <i>33172</i>	Country <i>USA</i>		
4. FEI Number <i>13-4357537</i>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				06102008 REIN-LLC CR2E101 (1/07)	
6. Name and Address of Current Registered Agent RODRIGUEZ, JORGE E 299 ALHAMBRA CIRCLE STE. 403 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOVAR, RODOLFO JOSE 11388 NW 68TH STREET MIAMI, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<div style="display: flex; justify-content: space-between;"> 800131290618 06/13/08--01040--001 **277.50 </div>					
<div style="display: flex; justify-content: space-between;"> REINSTATEMENT W/O/P 07-08 </div>					
<div style="display: flex; justify-content: space-between;"> MEMBER 6/9/08 </div>					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ (Signature of Rodolfo J. Tovar)					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					