


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000011697 1. Entity Name CASA PANZA OF MIAMI, LLC					
Principal Place of Business 2601 SOUTH BAYSHORE DRIVE, STE. 700 COCONUT GROVE, FL 33133			Mailing Address % ATER REGISTERED AGENTS, LLC 2601 S. BAYSHORE DRIVE, STE 700 COCONUT GROVE, FL 33133		
2. Principal Place of Business - No P.O. Box # 14748 SW 56 St. Suite, Apt. #, etc. 197		3. Mailing Address 15833 SW 66 Terr Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami FL			
Zip 33185		Country US		Zip 33193	
Country US		Country US			
6. Name and Address of Current Registered Agent ATER REGISTERED AGENTS, LLC 2601 S. BAYSHORE DRIVE, STE. 700 COCONUT GROVE, FL 33133			7. Name and Address of New Registered Agent Name Maria Sosa Street Address (P.O. Box Number is Not Acceptable) 15833 SW 66 Terr City Miami FL Zip Code 33193		
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 Maria Sosa DATE 4/4/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 CUERVO, CARLOS A 14950 SW 168TH STREET MIAMI, FL 33187	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joana Padron MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOSA, MARIA 15833 SW 66 TERRACE MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jorge L. Sotolongo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOWTIE INVESTMENTS, LLC 2601 SOUTH BAYSHORE DRIVE, STE. 700 COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300122453273 04/07/08--01020--016 **277.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Maria Sosa DATE 4/4/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04042008 REIN-LLC CR2E101 (1/07)

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

REINSTATEMENT

2007-2008