2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000020811

Entity Name: PEGAZZO LLC

FILED Oct 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11339 WEST FLAGLER 11339 WEST FLAGLER ST MIAMI, FL 33174 US MIAMI, FL 33174 US

Current Mailing Address: New Mailing Address:

11339 WEST FLAGLER ST MIAMI, FL 33174 US 11339 WEST FLAGLER ST MIAMI, FL 33174 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

ROJAS, FLOR E
14501 S.W. 88 STREET
SUITE H-206
MIAMI, FL 33186 US

ROJAS, FLOR E
11339 WEST FLAGLER ST
MIAMI, FL 33174 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.

ADDITIONS/CHANGES:

SIGNATURE: FLOR ROJAS 10/15/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete Title: OWNE (X) Change () Addition

 Name:
 ROJAS, FLOR E
 Name:
 ROJAS, FLOR E

 Address:
 14501 S.W. 88 STREET, SUITE H-206
 Address:
 14501 S.W. 88 STREET, SUITE H-206

City-St-Zip: MIAMI, FL 33186 US City-St-Zip: MIAMI, FL 33186 US

Title: MGR () Delete Title: MGR (X) Change () Addition
Name: ARENAS, TANIA D PILAR
Address: 325 MADEIRA AVE APTO 602

Title: MGR (X) Change () Addition
Name: ARENAS, TANIA D PILAR
Address: 322 MADEIRA AVE APTO 602

City-St-Zip: MIAMI, FL 33132 US City-St-Zip: MIAMI, FL 33132 US

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: FLOR ROJAS OWNE 10/15/2009