

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000026301

Entity Name: SKYLANE 1948, LLC

FILED
Dec 17, 2008
Secretary of State

Current Principal Place of Business:

13550 SW 88TH STREET
200
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

13550 SW 88TH STREET
200
MIAMI, FL 33186

New Mailing Address:

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:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD., STE 1050
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: DANIEL GOMEZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOMEZ, AURELIANO
Address: 13550 SW 88TH STREET
City-St-Zip: MIAMI, FL 33186

Title: MGRM () Delete
Name: GOMEZ, DANIEL
Address: 13550 SW 88TH STREET
City-St-Zip: MIAMI, FL 33186

Title: MGRM () Delete
Name: GOMEZ, LUCAS
Address: 13550 SW 88TH STREET
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DANIEL GOMEZ

MGRM

12/17/2008

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