2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# L06000027132

Entity Name: ARELLANO INVESTMENTS, LLC

Current Principal Place of Business:

4815 NW 79 AVE
10
MIAMI, FL 33166

New Principal Place of Business:

6005 NW 87 AVE
MIAMI, FL 33178

Current Mailing Address:

4815 NW 79 AVE
10
MIAMI, FL 33166

New Mailing Address:

6005 NW 87 AVE
MIAMI, FL 33178

FEI Number: 26-1725622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

ARELLANO, NOEL
4815 NW 79 AVE
10
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

ARELLANO, NOEL A
6005 NW 87 AVE
MIAMI, FL 33178 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: NOEL A. ARELLANO 01/11/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ARELLANO, NOEL A
Address: 4815 NW 79 AVE SUITE 10
City-St-Zip: MIAMI, FL 33166

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ARELLANO, NOEL A
Address: 6005 NW 87 AVE
City-St-Zip: MIAMI, FL 33178

Title: MGR ( ) Change (X) Addition
Name: OLIVARES, NESTOR E
Address: 6005 NW 87 AVE
City-St-Zip: MIAMI, FL 33178

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: NOEL A. ARELLANO MGR 01/11/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date