

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000036645

FILED
Jul 01, 2009
Secretary of State

Entity Name: CARIBBEAN BOOK DISTRIBUTORS, LLC

Current Principal Place of Business:

C/O MILNE & SMITH, LLC
306 ALCAZAR AVE., #301
CORAL GABLES, FL 33134

New Principal Place of Business:

11206 NW 36TH AVE
MIAMI, FL 33167 US

Current Mailing Address:

C/O MILNE & SMITH, LLC
306 ALCAZAR AVE., #301
CORAL GABLES, FL 33134

New Mailing Address:

11206 NW 36TH AVE
MIAMI, FL 33167 US

FEI Number: 26-0472380 **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:

FILINGS, INC.
3732 NORTHWEST 16TH STREET
FT. LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

RANDLE, GRAEME G
11206 NW 36TH AVE
MIAMI, FL 33167 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: GRAEME G. RANDLE

07/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RANDLE, GRAEME G
Address: 306 ALCAZAR AVE., #301
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RANDLE, GRAEME G
Address: 11206 NW 36TH AVE
City-St-Zip: MIAMI, FL 33167

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: GRAEME G. RANDLE

MGRM

07/01/2009

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