

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000036934

Entity Name: LESENDE HOLDINGS, LLC

FILED
Nov 05, 2008
Secretary of State

Current Principal Place of Business:

4000 PONCE DE LEON BLVD
SUITE 470
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4226
MIAMI LAKES, FL 33016

New Mailing Address:

P.O. BOX 4226
MIAMI LAKES, FL 33014

FEI Number: FEI Number Applied For (X) 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:

LESENDE, HECTOR
8053 N.W. 161ST TERRACE
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

LESENDE, HECTOR
4000 PONCE DE LEON BLVD SUITE 470
CORAL GABLES, FL 33146 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: HECTOR LESENDE

11/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PD () Delete
Name: HECTOR, LESENDE PD
Address: 8053 NW 161 TERRACE
City-St-Zip: MIAMI LAKES, FL 33016 US

ADDITIONS/CHANGES:

Title: PD (X) Change () Addition
Name: HECTOR, LESENDE PD
Address: 4000 PONCE DE LEON BLVD SUITE 470
City-St-Zip: CORAL GABLES, FL 33146 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: HECTOR LESENDE

PD

11/05/2008

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