

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000051112

**FILED**  
**Nov 30, 2011**  
**Secretary of State**

**Entity Name:** CONCORDE LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD  
240  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
240  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 20-4905070

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PRATS FERNANDEZ & CO  
2121 PONCE DE LEON BLVD  
240  
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: GABRIEL PRATS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DE LESPINASSE, MARGARETH  
Address: 2121 PONCE DE LEON BLVD #240  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM  
Name: MACCS LTD  
Address: 2121 PONCE DE LEON BLVD 240  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM  
Name: DE LESPINASSE, CHRISTIAN  
Address: 2121 PONCE DE LEON BLVD 240  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby 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: MARGARETH DE LESPINASSE

MGRM

11/30/2011

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