

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000053485

1. Entity Name  
CASBUE INTERNATIONAL, LLC



08 DEC 10 AM 8:54

STATE OF FLORIDA  
TALLAHASSEE

Principal Place of Business  
901 PONCE DE LEON BLVD., SUITE 603  
CORAL GABLES, FL 33134

Mailing Address  
901 PONCE DE LEON BLVD., SUITE 603  
CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

10202008 REIN-LLC CR2E101 (1/07)

4. FEI Number  
26-0237579

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ALBOMOZ, WILLIAM H  
901 PONCE DE LEON BLVD., SUITE 603  
CORAL GABLES, FL 33134

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William H Albomoz*

(NOTE: Registered Agent signature required when reinstating)

12/4/08

**FILE NOW!!! FEE IS \$238.75**  
**After January 1, 2009, Fee will be \$377.50**

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME CAMPOS, DAVID ANTONIO C ☐ Delete  
STREET ADDRESS 901 PONCE DE LEON BLVD., SUITE 603  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGR  
NAME CASSIDY, NATHALIE BUENO ☐ Delete  
STREET ADDRESS 901 PONCE DE LEON BLVD., SUITE 603  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

200138234382  
11/24/08--01051--013 \*\*238.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

L. SELLERS  
DEC 11 2008

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

EXAMINER

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

REINSTATEMENT

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/11/08 158 212 239 2301  
Date Daytime Phone #