

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000053485

**FILED**  
**Nov 16, 2010**  
**Secretary of State**

**Entity Name:** CASBUE INTERNATIONAL, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 26-0237579

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALBOMOZ, WILLIAM H  
901 PONCE DE LEON BLVD., SUITE 603  
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: WILLIAM H. ALBORNOZ, ESQ.

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CAMPOS, DAVID ANTONIO C  
Address: 901 PONCE DE LEON BLVD., SUITE 603  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR  
Name: CASSIDY, NATHALIE BUENO  
Address: 901 PONCE DE LEON BLVD., SUITE 603  
City-St-Zip: CORAL GABLES, FL 33134

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: DAVID ANTONIO CAMPOS

MGR

11/16/2010

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