

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000053938

Entity Name: SAAV, L.L.C.

FILED
Dec 08, 2007
Secretary of State

Current Principal Place of Business:

7903 NW 21 STREET
MIAMI, FL 33122

New Principal Place of Business:

1985 NW 88 COURT, #201
C/O GABRIEL S. DIAZ-SARMIENTO, CPA
DORAL, FL 33172

Current Mailing Address:

7903 NW 21 STREET
MIAMI, FL 33122

New Mailing Address:

1985 NW 88 COURT, #201
C/O GABRIEL S. DIAZ-SARMIENTO, CPA
DORAL, FL 33172

FEI Number: 20-4937488 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:

SAAVEDRA, MIGUEL
7903 NW 21 STREET
MIAMI, FL 33122 US

Name and Address of New Registered Agent:

DIAZ-SARMIENTO, GABRIEL S CPA
1985 NW 88 COURT, #201
DORAL, FL 33172 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: GABRIEL S. DIAZ-SARMIENTO, CPA

12/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAAVEDRA ROMAN, MIGUEL
Address: 7903 NW 21 STREET
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SAAVEDRA ROMAN, MIGUEL
Address: 1985 NW 88 COURT, #201
City-St-Zip: DORAL, FL 33172

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: SAAVEDRA ROMAN, MIGUEL

MGRM

12/08/2007

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