

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000071155

**FILED**  
**Jan 12, 2009**  
**Secretary of State**

**Entity Name:** CARIBBEAN TRUST INVESTMENT LLC

**Current Principal Place of Business:**

5023 N.W. 114 COURT  
MIAMI, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

5023 N.W. 114 COURT  
MIAMI, FL 33178

**New Mailing Address:**

**FEI Number:** 20-5245784      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)

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

BASILIO, JOSE D  
1414 NW 107 AVENUE  
206  
MIAMI, FL 33172 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: BASILIO, JOSE,D

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MARQUINA, BELKYS  
Address: 5023 N.W. 114 COURT  
City-St-Zip: MIAMI, FL 33178

Title: MGRM ( ) Delete  
Name: GONZALEZ, RAMON  
Address: 5023 N.W. 114 COURT  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RAMON GONZALEZ

MGRM

01/12/2009

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