


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 NOV -6 PM 12: 28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L06000076236 1. Entity Name ICB 1810, LLC					
Principal Place of Business C/O TITANIO 38, SEGUNDA PLANTA POLIGONO INDUSTRIAL SAN CRISTOBAL 47012 VALLADOLID, SPAIN,				Mailing Address <i>Titiano 38, 2ª Planta</i> C/O JOSE LUIS DIEZ DE VALDEON VEGAS POLIGONO INDUSTRIAL SAN CRISTOBAL 47012 VALLADOLID, SPAIN,	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBERTS, DAVID F ESQ 1401 BRICKELL AVE, SUITE 500 MIAMI, FL 33131				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <i>David F. Roberts</i> <u>DAVID F. ROBERTS, Attorney at Law</u> DATE <u>11/2/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE VALDEON VEGAS, JOSE LUIS DIEZ C/O DOCTOR VILLACIAN 45-8D. VALLADOLID, SPAIN,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 900112047259 11/06/07--01052--002 **50.00 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ DOMINQUEZ, JOSE ANTONIO PASEO DE ZORILLA 22-8B. 47006 VALLADOLID, SPAIN,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUNOZ-REPISO CARRENO, CONCEPCION PASEO DE ZORILLA 22-8B 47006 VALLADOLID, SPAIN,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ MUNOZ-REPISO, FRANCISCO J PASEO DE ZORILLA 22-8B 47006 VALLADOLID, SPAIN,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUNOZ-REPISO, ALBERTO PEREZ C/O MARIANO DE LOS COBOS, 6-2E VALLADOLID, SPAIN,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUNOZ-REPISO, PALOMA PEREZ PASEO DE ZORILLA 22-8B 47006 VALLADOLID, SPAIN,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
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: <i>Francisco J. Perez Munoz Repiso by Atty. MGRM</i> <u>11/2/07</u> <i>(305) 371-8064</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

REINSTATEMENT