2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000078142

Entity Name: RIACOONLINE, LLC

Name:

Address:

City-St-Zip:

FILED Nov 28, 2007 Secretary of State

Current Principal Place of Business:		New Principal I	New Principal Place of Business:	
19494 SW (PEMBROK	60 COURT E PINES, FL 33332			
Current Mailing Address:		New Mailing Ac	New Mailing Address:	
19494 SW 60 COURT PEMBROKE PINES, FL 33332		SUITE 105	2853 EXECUTIVE PARK DRIVE SUITE 105 WESTON, FL 33331	
FEI Number:	84-1715271 FEI Number Applied For () e with s. 607.193(2)(b), F.S., the limited liability cor	FEI Number Not Applicable		
	Address of Current Registered Agent:		ress of New Registered Agent:	
2853 EXEC SUITE 105	ANCIAL GROUP, INC. CUTIVE PARK DR FL FL. 33331 US			
The above in the State	named entity submits this statement for the p of Florida.	ourpose of changing its reg	istered office or registered agent, or both	
SIGNATUR	RE: ORLANDO J SILVA			
	Electronic Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANG	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete TRUJILLO DE CARO, OLGA L CALLE 94 NO. 11A 83 APT. 204 BOGOTA, COLOMBIA, CO 00000 CO	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete MENDEZ MORALES, FABIO A CALLE 128 NO. 10-45 APT. 302 BOGOTA, COLOMBIA, CO 00000 CO	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete RIANO PAVA, HISSHALA AVENIDA 147 NO, 20-50 BOGOTA, COLOMBIA, CO 00000 CO	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	() Delete	Title: MGR	M () Change (X) Addition	

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.

Name:

Address:

City-St-Zip:

VARGAS, LUIS F

200 E. SOUTHERN AVENUE TEMPE, AZ 85282

SIGNATURE: HISSHALA RIANO PAVA MGRM 11/28/2007