

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000089115

FILED
Dec 07, 2007
Secretary of State

Entity Name: OCEAN TRUST GROUP, LLC

Current Principal Place of Business:

881 S.W. 172 TERRACE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

6157 NW 167 ST
F-11B
MIAMI LAKES, FL 33015

Current Mailing Address:

881 S.W. 172 TERRACE
PEMBROKE PINES, FL 33029

New Mailing Address:

6157 NW 167 ST
F-11B
MIAMI LAKES, FL 33029

FEI Number: 20-5678331 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:

HORACIO SOSA, P.A.
1825 MAIN STREET
2ND FLOOR
WESTON, FL 33326 US

Name and Address of New Registered Agent:

RIOS, ALVARO
6157 NW 167 ST
F-11B
MIAMI LAKES, FL 33029 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: ALVARO RIOS

12/07/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DE LOS RIOS, FABIOLA
Address: 881 S.W. 172 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: D () Change (X) Addition
Name: RIOS, ALVARO
Address: 6157 NW 167 ST F-11B
City-St-Zip: MIAMIA LAKES, FL 33015

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: ALVARO RIOS

D

12/07/2007

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