

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000107279

**FILED**  
**Mar 25, 2008**  
**Secretary of State**

**Entity Name:** CAPITAL CARIBBEAN INTERNATIONAL LLC

**Current Principal Place of Business:**

5905 NE 2ND AVENUE  
MIAMI, FL 33137 US

**New Principal Place of Business:**

109A NORTH STATE ROAD 7  
PLANTATION, FL 33317 US

**Current Mailing Address:**

5905 NE 2ND AVENUE  
MIAMI, FL 33137 US

**New Mailing Address:**

FEI Number: 74-3227658      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:**

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

CESAR, COLETTE  
19501 NE 19TH AVENUE  
NORTH MIAMI BEACH, FL 33179 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: COLETTE CESAR

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CESAR, COLETTE  
Address: 19501 NE 19TH AVENUE  
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

**ADDITIONS/CHANGES:**

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: COLETTE CESAR

MGRM

03/25/2008

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