

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000116086

FILED
Dec 18, 2007
Secretary of State

Entity Name: ALDO ALBARELLO Y CIA, LLC

Current Principal Place of Business:

2851 NE 183RD STREET
#912
AVENTURA, FL 33160

New Principal Place of Business:

400 KINGS POINT DRIVE
424
SUNNY ISLES, FL 33160 US

Current Mailing Address:

2851 NE 183RD STREET
#912
AVENTURA, FL 33160

New Mailing Address:

400 KINGS POINT DRIVE
424
SUNNY ISLES, FL 33160 US

FEI Number: 20-5996720 **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:

CORPORATE CREATIONS NETWORK INC
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

ALBARELLO, ALDO
400 KINGS POINT DRIVE
424
SUNNY ISLES, FL 33160 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: ALDO ALBARELLO

12/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALBARELLO, ALDO
Address: 2851 NE 183RD STREET
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALBARELLO, ALDO
Address: 400 KINGS POINT DRIVE, SUITE 424
City-St-Zip: SUNNY ISLES, FL 33160 US

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: ALDO ALBARELLO

MGR

12/18/2007

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