## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

Zip Country Zip Country S. Certificate of Status Desired \$5.00 Additises of Current Registered Agent 7. Name and Address of New Registered Agent Name  BE LA ROSA, JULIO 1110 BRICKELL AVE SUITE 430 C MIAMI, FL 33131  City FL Zip Code  8. The above named entity submijk this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, upper or private forms of registered agent agent, or both, in the State of Florida. I am familiar with, an interest obligations of registered agent	
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City & State  Country  Lip  Country  Lip  Country  Lip  Country  S. Certificate of Status Desired  State Status Desired  \$5.00 Additions of New Registered Agent  Name  Name  Name  Name  Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Signature	
Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additises of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name  DE LA ROSA, JULIO 1110 BRICKELL AVE SUITE 430 C MIAMI, FL 33131  City FL Zip Code  8. The above named entity submijet this/statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or protect private plants of registered agent, or both, in the State of Florida. I am familiar with, an address of P.O. Box Number is Not Acceptable)  Signature. In the above named entity submijet this/statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, an address of P.O. Box Number is Not Acceptable)  City FL Zip Code  (NOTE: Registered Agent algustum required when reinstating)  DATE  FILE NOWIII FEE IS \$138.75  After January 1, 2009, Fee will be \$277.50  In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.  MARK check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  Change  ITTLE  MARK  DE LA ROSA, JULIO  STREET ADDRESS  SIRRET ADDRESS  SOB BRICKELL KEY DR APT A716  Change  HILE  MARK  DE LA ROSA, JULIO  STREET ADDRESS  SOB BRICKELL KEY DR APT A716  CHANGE  STREET ADDRESS  SOB BRICKELL KEY DR APT A716  CHANGE  STREET ADDRESS  SOB BRICKELL KEY DR APT A716  CHANGE  STREET ADDRESS  SOB BRICKELL KEY DR APT A716  CHANGE  STREET ADDRESS  SOB BRICKELL KEY DR APT A716  CHANGE  CHANGE  STREET ADDRESS  SOB BRICKELL KEY DR APT A716  CHANGE  Delete  TILE  MARK  Delete  TILE  MARK  DELA ROSA, JULIO  STREET ADDRESS  STREET ADDRESS  SOB BRICKELL KEY DR APT A716  CHANGE  STREET ADDRESS  SOB BRICKELL KEY DR APT A716  CHANGE  STREET ADDRESS	
6. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  Name  DE LA ROSA, JULIO 1110 BRICKELL AVE SUITE 430 C MIAMI, FL 33131  City  FL  Zip Code  8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, an the obligations of registered Agent.  SIGNATURE  Signature.  FILE NOWIII FEE IS \$138.75  After January 1, 2009, Fee will be \$277.50  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  ITTLE  MGR  DE LA ROSA, JULIO SIRETADORESS  CITY-ST-ZIP  MIAMI, FL 33131  TITLE  MGRM  PENALO, YUNILDA  SIRETADORESS  CITY-ST-ZIP  MIAMI, FL 33131  Delete  TITLE  MGRM  PENALO, YUNILDA  SIRETADORESS  CITY-ST-ZIP  MIAMI, FL 33131  Delete  TITLE  MIAMI, FL 33131	ied For Applicable
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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 appurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OR SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Description:	Addition