2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# L07000010470

Entity Name: GARDEN CITY INTERNATIONAL LLC

Current Principal Place of Business:

AVE. BLAS INFANTE, # 6
4º B
SEVILLA, AN 41011 SP

New Principal Place of Business:

Current Mailing Address:

AVE. BLAS INFANTE, # 6
4º B
SEVILLA, AN 41011 SP

New Mailing Address:

199 OCEAN LANE DRIVE
314
MIAMI, FL 331149 US

FEI Number: 20-8692709 **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:

SANTAMARIA, CARLOS J
199 OCEAN LN DR
314
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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: CARLOS J SANTAMARIA

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: LOPEZ-BENJUMEA, JUAN M
Address: AVE. BLAS INFANTE #6 4ºFLOOR
City-St-Zip: SEVILLE, AN 41011 SP

Title: VP ( ) Delete
Name: SANCHEZDEMONVELLAN, ADOLFO
Address: MONTE CARMELO 19 1STFLOOR B
City-St-Zip: SEVILLE, AN 41011 SP

ADDITIONS/CHANGES:

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

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: JUAN MANUEL LOPEZ-BENJUMEA P 03/27/2009

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