## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L07000021184

Entity Name: MIO DESIGN GROUP LLC

FILED Oct 13, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1548 BRICKELL AVENUE 1410 20TH STREET

2ND FLOOR #214

MIAMI, FL 33129 MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

1548 BRICKELL AVENUE 11410 NW 67 TERRACE 2ND FLOOR DORAL, FL 33178

MIAMI, FL 33129

FEI Number: 20-8509529 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:

POSADA, MARCO 11410 NW 67 TERRACE DORAL, FL 33178 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: MARCO POSADA

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 POSADA, MARCO
 Name:

 Address:
 11410 NW 67 TERRACE
 Address:

 City-St-Zip:
 DORAL, FL 33178
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MARQUEZ, ADRIANA
 Name:

 Address:
 11410 NW 67 TERRACE
 Address:

 City-St-Zip:
 DORAL, FL 33178
 City-St-Zip:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

Name:SALUSSOLIA, PIEROName:SALUSSOLIA, PIEROAddress:1548 BRICKELL AVENUE, 2ND FLOORAddress:1410 20TH STREET #214City-St-Zip:MIAMI, FL 33129City-St-Zip:MIAMI BEACH, FL 33139

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: MARQUEZ, ADRIANA MGRM 10/13/2008