2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000022977

Name:

Address:

City-St-Zip:

RINCON, JUAN A

50 MENORES AVE., SUITE 414

CORAL GABLES, FL 33134

Entity Name: PRIMARIO INVESTMENTS LLC

FILED Sep 30, 2008 Secretary of State

09/30/2008

Current Principal Place of Business: New Principal Place of Business: 50 MENORES AVE., SUITE 414 CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** 50 MENORES AVE., SUITE 414 CORAL GABLES, FL 33134 FEI Number: 20-8549394 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: VILLAMIL DE ORTIZ, ROSALBA 50 MENORES AVE., SUITE 414 CORAL GABLES, FL 33134 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: ROSALBA VILLAMIL DE ORTIZ Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete VILLAMIL DE ORTIZ, ROSALBA Name: Name: Address: 50 MENORES AVE., SUITE 414 Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: DE RINCON, CARMEN J Name: Address: 50 MENORES AVE., SUITE 414 Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition RINCON, LUIS C Name: Name: 50 MENORES AVE., SUITE 414 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROSALBA VILLAMIL DE ORTIZ MGRM