

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000060615 1. Entity Name AMERICAN CARIBBEAN TRADING LLC					
Principal Place of Business 3340 FAIRLANE FARMS ROAD, SUITE #3 WEST PALM BEACH, FL 33414			Mailing Address 3340 FAIRLANE FARMS ROAD, SUITE #3 WEST PALM BEACH, FL 33414		
2. Principal Place of Business - No P.O. Box # 133 ELYSIUM DR Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State Royal Palm Beach FL Zip 33411		City & State Zip Country USA		4. FEI Number 26-0344153	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PILOGE, AXEL A 133 ELYSIUM DRIVE ROYAL PALM BEACH, FL 33411			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE <small>Signature, type or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!! 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PILOGE, AXEL A 133 ELYSIUM DRIVE ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JEROME, ALBERT I 21175 VIA EDEN BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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 accurate and that my 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.			REINSTATEMENT 2008		
SIGNATURE: Date Daytime Phone # <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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TALLAHASSEE, FLORIDA