

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000062676

Entity Name: NARDI TRADING LLC

FILED  
Oct 03, 2008  
Secretary of State

**Current Principal Place of Business:**

7490 WEST FLAGLER STREET  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

7490 WEST FLAGLER STREET  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 75-3246415      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:**

FERNANDEZ-BERGUES & ASSOC PA  
7490 WEST FLAGLER STREET  
MIAMI, FL 33144      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: ANGEL F. FERNANDEZ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: GONCALVES, JOEL  
Address: 7490 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33144

Title: MGR      ( ) Delete  
Name: GONCALVES, JESUS  
Address: 7490 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33144

**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: JOEL GONCALVES

MGRM

10/03/2008

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