

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000120775

FILED
Feb 27, 2009
Secretary of State

Entity Name: INVERSIONES MALECON, L.L.C.

Current Principal Place of Business:

12560 SW 120 STREET
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

12560 SW 120 STREET
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 26-1515713 **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:

MARRERO, JOSE C
1820 NORTH CORPORATE LAKES BLVD
SUTIE #304
WESTON, FL 33326 US

Name and Address of New Registered Agent:

RODRIGUEZ, ANA M
12560 SW 120TH STREET
MIAMI, FL 33186 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: ANA MARIA RODRIGUEZ

02/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RODRIGUEZ, ANA MARIA
Address: 12560 SW 120 STREET
City-St-Zip: MIAMI, FL 33186 US

Title: MGRM (X) Delete
Name: RODRIGUEZ, OSWALDO SCOTT
Address: 12560 SW 120 STREET
City-St-Zip: MIAMI, FL 33186 US

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: ANA MARIA RODRIGUEZ

MGMR

02/27/2009

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