

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000001393

FILED  
Nov 25, 2009  
Secretary of State

Entity Name: BURGAN INTERNATIONAL, LLC

**Current Principal Place of Business:**

C/O MANAGEMENT OFFICE  
150 S.E. 2ND STREET, SUITE 1300  
MIAMI, FL 33131

**New Principal Place of Business:**

C/O MANAGEMENT OFFICE  
150 S.E. 2ND STREET, SUITE 404  
MIAMI, FL 33131

**Current Mailing Address:**

C/O MANAGEMENT OFFICE  
150 S.E. 2ND STREET, SUITE 1300  
MIAMI, FL 33131

**New Mailing Address:**

C/O MANAGEMENT OFFICE  
150 S.E. 2ND STREET, SUITE 404  
MIAMI, FL 33131

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
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:**

REGISTERED AGENTS OF FLORIDA, LLC  
100 S.E. SECOND STREET, SUITE 2900  
MIAMI, FL 33131 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: JILL BERMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: MGR. ( ) Change (X) Addition  
Name: COAKLEY, PATRICK  
Address: 150 SE 2ND AVENUE, SUITE 404  
City-St-Zip: MIAMI, FL 33131

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: PATRICK COAKLEY

MGR

11/25/2009

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