

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000021360

Entity Name: BMB INTL CONSULTANTS, LLC

FILED
Oct 14, 2009
Secretary of State

Current Principal Place of Business:

199 OCEAN LANE DRIVE
#1207
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

199 OCEAN LANE DRIVE
#1207
KEY BISCAYNE, FL 33149 US

New Mailing Address:

FEI Number: 26-2192501 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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

MARTA BOROBIO
199 OCEAN LN DR.
APT 1207
KEY BISCAYNE, FL 33149 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: MARTA BOROBIO

10/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOROBIO, MARTA
Address: 199 OCEAN LANE DRIVE #1207
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: MGRM () Delete
Name: MOYA, BERNARDO
Address: 199 OCEAN LANE DRIVE #1207
City-St-Zip: KEY BISCAYNE, FL 33149 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: MARTA BOROBIO

MNGR

10/14/2009

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