

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000048936

Entity Name: ISLA HOLDINGS, LLC

FILED
Oct 12, 2009
Secretary of State

Current Principal Place of Business:

360 SW 164 AVENUE
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

360 SW 164 AVENUE
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 27-0883135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASCAL, EVELYN
359 SW 164 AVENUE
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

PASCAL, EVELYN L
359 SW 164 AVENUE
PEMBROKE PINES, FL 33027 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: PLACIDO LOPEZ

10/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOPEZ, PLACIDO
Address: 360 SW 164 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGRM () Delete
Name: LOPEZ, EVELINA
Address: 360 SW 164 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC () Change (X) Addition
Name: PASCAL, EVELYN L MRS.
Address: 360 S.W. 164 AVE.
City-St-Zip: PEMBROKE PINES, FL 33027 US

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: PLACIDO LOPEZ

MGRM

10/12/2009

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