

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000054222

**FILED**  
**Nov 03, 2009**  
**Secretary of State**

**Entity Name:** BELOW ZERO MARKETING LLC

**Current Principal Place of Business:**

770 CLAUGHTON ISLAND DRIVE  
901  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

770 CLAUGHTON ISLAND DRIVE  
901  
MIAMI, FL 33131 US

**New Mailing Address:**

**FEI Number:** 26-2796647      **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:**

UNITED STATES CORPORATION AGENTS, INC.  
320 S. FLAMINGO ROAD  
347  
PEMBROKE PINES, FL 33027 US

**Name and Address of New Registered Agent:**

GONZALEZ, ANDRES V  
770 CLAUGHTON ISLAND DRIVE  
901  
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: ANDRES V GONZALEZ

11/03/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GONZALEZ, ANDRES V  
Address: 770 CLAUGHTON ISLAND DRIVE, APT. 901  
City-St-Zip: MIAMI, FL 33131 US

**ADDITIONS/CHANGES:**

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: ANDRES V GONZALEZ

MGRM

11/03/2009

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