

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000062029

Entity Name: COURVOISIER 2110, LLC

FILED
Dec 01, 2009
Secretary of State

Current Principal Place of Business:

1101 BRICKELL AVENUE, SUITE 801
MIAMI, FL 33131

New Principal Place of Business:

701 BRICKELL KEY BLVD
APT 2110
MIAMI, FL 33131

Current Mailing Address:

1101 BRICKELL AVENUE, SUITE 801
MIAMI, FL 33131

New Mailing Address:

5805 BLUE LAGOON DR
STE 200
MIAMI, FL 33126

FEI Number: 80-0244118 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:

CABRERA, LUIS M
1120 SOUTH POWERLINE ROAD, SUITE 201
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

AG CORPORATE SERVICES, LLC
5805 BLUE LAGOON DR
STE 200
MIAMI, FL 33126 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: DOMINGO ALONSO

12/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ESCLUSA, JUAN C
Address: 1101 BRICKELL AVENUE, SUITE 801
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ESCLUSA, JUAN C
Address: 701 BRICKELL KEY BLVD APT 2110
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: JUAN C ESCLUSA

MGRM

12/01/2009

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