# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Oct 12, 2009**
**Secretary of State**

DOCUMENT# L08000062380

**Entity Name:** SKY POWER INTERNATIONAL, LLC

**Current Principal Place of Business:**

7500 NW 69TH AVENUE
REAR BLDG.7
MIAMI, FL 33166

**New Principal Place of Business:**

8346 NW SOUTH RIVER DRIVE
BAY M
MEDLEY, FL 33166

**Current Mailing Address:**

7500 NW 69TH AVENUE
REAR BLDG.7
MIAMI, FL 33166

**New Mailing Address:**

8346 NW SOUTH RIVER DRIVE
BAY M
MEDLEY, FL 33166

**FEI Number:** **FEI Number Applied For (X)** **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:**

SOSA, ROBERTO G
7500 NW 69TH AVENUE
REAR BLDG.7
MIAMI, FL 33166 US

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

SOSA, ROBERTO G
8346 NW SOUTH RIVER DRIVE
BAY M
MEDLEY, FL 33166 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: ROBERTO G SOSA 10/12/2009
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: TORRENTE, ALEXANDER
Address: 7500 NW 69TH AVENUE, REAR BLDG 7
City-St-Zip: MIAMI, FL 33166

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: SOSA, ROBERTO G
Address: 8346 NW SOUTH RIVER DRIVE, BAY M
City-St-Zip: MEDLEY, FL 33166

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: ROBERTO G SOSA MGR 10/12/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date