

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000065984

Entity Name: TELON USA LLC

FILED  
Nov 25, 2009  
Secretary of State

**Current Principal Place of Business:**

8181 NW 36TH STREET  
1001  
DORAL, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

8181 NW 36TH STREET  
1001  
DORAL, FL 33166 US

**New Mailing Address:**

FEI Number: 26-2947294      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:**

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

RODRIGUEZ, RAFAEL  
8181 NW 36TH STREET, SUITE 1001  
DORAL, 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: RODRIGUEZ RAAEL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RODRIGUEZ, RAFAEL A  
Address: 8181 NW 36TH STREET, SUITE 1001  
City-St-Zip: DORAL, FL 33166 US

Title: MGR ( ) Delete  
Name: RODRIGUEZ, MARIA J  
Address: 8181 NW 36TH STREET, SUITE 1001  
City-St-Zip: DORAL, FL 33166 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: RODRIGUEZ RAFAEL

MGR

11/25/2009

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