

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000094848

FILED
Oct 21, 2009
Secretary of State

Entity Name: JUVENCO TRADING INTERNATIONAL, LLC

Current Principal Place of Business:

2221 SOUTH SHERMAN CIRCLE, UNIT E306
MIRAMAR, FL 33025

New Principal Place of Business:

1331 SW 85 AVE
PEMBROKE PINES, FL 33025

Current Mailing Address:

2221 SOUTH SHERMAN CIRCLE, UNIT E306
MIRAMAR, FL 33025

New Mailing Address:

1331 SW 85 AVE
PEMBROKE PINES, FL 33025

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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

PAPIN, FRITZ
1331 SW 85 AVE
PEMBROKE PINES, FL 33025 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: FRITZ PAPIN

10/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SIMON, LAURENT
Address: 2221 SOUTH SHERMAN CIRCLE, UNIT E306
City-St-Zip: MIRAMAR, FL 33025

Title: S () Delete
Name: BONHOMETRE, JOEL
Address: 2221 SOUTH SHERMAN CIRCLE, UNIT E306
City-St-Zip: MIRAMAR, FL 33025

Title: T () Delete
Name: PAPIN, FRITZ M
Address: 2221 SOUTH SHERMAN CIRCLE, UNIT E306
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SIMON, LAURENT
Address: 1331 SW 85 AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MGR (X) Change () Addition
Name: BONHOMETRE, JOEL
Address: 1331 SW 85 AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MGR (X) Change () Addition
Name: PAPIN, FRITZ M
Address: 1331 SW 85 AVE
City-St-Zip: PEMBROKE PINES, FL 33025

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: FRITZ PAIN

MGR

10/21/2009

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