

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000101212

Entity Name: COMMTRADE LLC

FILED
Nov 23, 2009
Secretary of State

Current Principal Place of Business:

3131 NE 188 STREET
2707
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

3131 NE 188 STREET
2707
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 35-2363686 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:

SINGARES, ARIADNE
3131 NE 188 STREET
1510
AVENTURA, FL 33180 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: ARIADNE SINGARES

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SINGARES, ARIADNE
Address: 3131 NE 188 STREET SUITE 1510
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM () Delete
Name: SANCHEZ, JULIO
Address: 3131 NE188 STREET SUITE 1510
City-St-Zip: AVENTURA, FL 33180 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SINGARES, ARIADNE
Address: 3131 NE 188 STREET SUITE 2707
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM (X) Change () Addition
Name: ROBINSON, SAMANTHA
Address: 3131 NE188 STREET SUITE 2707
City-St-Zip: AVENTURA, FL 33180 US

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: SAMANTHA ROBINSON

MGRM

11/23/2009

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