

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000021886

Entity Name: CEJEPAO, L.L.C.

**FILED**  
**Oct 25, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

1200 BRICKELL AVENUE  
SUITE NO. 505  
MIAMI, FL 33131 US

## **New Principal Place of Business:**

17100 COLLINS AVE  
SUITE 222  
SUNNY ISLES, FL 33160 US

## **Current Mailing Address:**

1200 BRICKELL AVENUE  
SUITE NO. 505  
MIAMI, FL 33131 US

## **New Mailing Address:**

17100 COLLINS AVE  
SUITE 222  
SUNNY ISLES, FL 33160 US

FEI Number: 45-3166581

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

MARRERO, JOSE C  
1200 BRICKELL AVENUE  
SUITE NO. 505  
MIAMI, FL 33131 US

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

SCHVARTZMAN, VALERIA  
17100 COLLINS AVE  
SUITE 222  
SUNNY ISLES, FL 33160 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: VALERIA SCHVARTZMAN

10/25/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RUBIO DIAZ, CESAR HUMBERTO  
Address: 17100 COLLINS AVE SUITE 222  
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: MGRM  
Name: MUNIZ BERMUDEZ, JULIO CESAR  
Address: 17100 COLLINS AVE SUITE 222  
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: MGRM  
Name: ANAZCO RUBIO, SANDRA PAOLA  
Address: 17100 COLLINS AVE SUITE 222  
City-St-Zip: SUNNY ISLES, FL 33160 US

I hereby 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: CESAR HUMBERTO RUBIO DIAZ

MGRM

10/25/2012

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