

# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000091492

**FILED**  
**Oct 11, 2013**  
**Secretary of State**

**Entity Name:** MADERA CASTRO INVESTMENTS LLC

**Current Principal Place of Business:**

5501 SW 77CT  
SUITE 108C  
MIAMI, FL 33155

**New Principal Place of Business:**

5501 SW 77CT  
SUITE 108C  
MIAMI, FL 33155 UN

**Current Mailing Address:**

505 E 6TH ST  
SUITE 706  
CHARLOTTE, NC 28202

**New Mailing Address:**

715 N CHURCH ST  
SUITE 120  
CHARLOTTE, NC 28202

**FEI Number:** 46-0585325

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LLERAS, FRANK  
5501 SW 77CT  
SUITE 108C  
MIAMI, FL 28202 US

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

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: FRANK LLERAS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MADERA, PLACIDO A  
Address: CALLE 3 #11 LOS JARDINES METROPOLITANOS  
City-St-Zip: SANTIAGO, DR 00000

Title: MGRM  
Name: CASTRO DE MADERA, ROSARIO A  
Address: CALLE 3 #11 LOS JARDINES METROPOLITANOS  
City-St-Zip: SANTIAGO, DR 00000

Title: MGR  
Name: LLERAS, FRANK  
Address: 715 N CHURCH STREET SUITE 120  
City-St-Zip: CHARLOTE, NC 28202

Title: MGR  
Name: OPTIMUM INCOME PROPERTY  
Address: 715 N CHURCH STREET SUITE 120  
City-St-Zip: CHARLOTE, NC 28202

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: OPTIMUM INCOME PROPERTY

MGR

10/11/2013

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