PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

13 MAR 12 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000005709

1. Limited Liability Company's Name
CASCADE CENTRO ASTURIANO LLC

12-13

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2801 Alaskan Way	2801 Alaskan Way
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.: 200
City & State: Seattle	City & State: Seattle
Zip: 98121 Country: USA	Zip: 98121 Country: USA

4. State/Country of Formation: Washington

5. Date Organized or Qualified To Do Business in Florida: 10/11/2005

6. FEI Number: 201707847 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

E-mail Address:

700244472UBT
02/07/13--01030--008 **377.50

rfoster@pinnaclefamily.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Maureen Cadwell, AVP Date: 2-22-13
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	Stanley J. Harrelson	2801 Alaskan Way, Ste 200	Seattle, WA 98121
MGR	John A. Goodman	2801 Alaskan Way, Ste 200	Seattle, WA 98121
	REINSTATEMENT	S. HAWKES	
	2/12-13	FEB - 2013	
		EXAMINER	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: Date: 1/28/13 Daytime Phone #: 206-215-9711

Typed or printed name of signing Managing Member/Manager: Stanley J. Harrelson, Manager