


**2008 LIMITED LIABILITY COMPANY
REINSTATEMENT**

2008 NOV 26 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DOCUMENT # M07000000035		
1. Entity Name LAGOMAR LLC		
Principal Place of Business C/O CITITRUST LIMITED, 9-11 REITERGASSE P.O. BOX 131, CH-8027, ZURICH SWITZERLAND, XX		Mailing Address C/O CITITRUST LIMITED, 9-11 REITERGASSE P.O. BOX 131, CH-8027, ZURICH SWITZERLAND, XX
2. Principal Place of Business - No P.O. Box if		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE: <i>Connie Bryan</i>		CONNIE BRYAN SPECIAL ASSISTANT DATE: <i>11/26/08</i>
FILE NOW!!! FEE IS \$238.75 After January 1, 2008, Fee will be \$377.00		Make check payable to Florida Department of State
8. MANAGING MEMBERS/MANAGERS		9. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ANIMAR S.P. 9-11 REITERGASSE, P.O. BOX 131 CH 8027, ZURICH, SWITZERLAND. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature on this report is a true and correct signature made under oath; that I am a managing member or manager of the limited liability company or the registered agent empowered to execute the report as required by Chapter 608, Florida Statutes.		
SIGNATURE: <i>Y.M. Eggmann</i>		<i>25 NOV 2008</i>
Authorized Signer		Authorized Signer
Anne Davidson		Y.M. Eggmann



11112008 REIN-LLC CR2E101 (1/07)

4. FEI Number Applied For
 Not Applicable

6. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: *Connie Bryan*
CONNIE BRYAN
SPECIAL ASSISTANT
DATE: *11/26/08*

FILE NOW!!! FEE IS \$238.75
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8. MANAGING MEMBERS/MANAGERS

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SIGNATURE: *Y.M. Eggmann* *25 NOV 2008*

Authorized Signer
Anne Davidson

Authorized Signer
Y.M. Eggmann

Florida Department of State
Division of Corporations
Public Access System

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TALLAHASSEE, FLORIDA

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LAGOMAR LLC

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