

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Apr 03, 2009
Secretary of State**

DOCUMENT# L05000019752

Entity Name: SYNTO JADE 3605, LLC

Current Principal Place of Business:

New Principal Place of Business:

C/O BARED & ASSOC, P.A.
1500 SAN REMO AVE, # 248
CORAL GABLES, FL 33146

Current Mailing Address:

New Mailing Address:

C/O BARED & ASSOC, P.A.
1500 SAN REMO AVE, # 248
CORAL GABLES, FL 33146

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
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:

BARED, PABLO R ESQ
1500 SAN REMO AVE
STE 248
CORAL GABLES, FL 33146 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: P. BARED

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: VILLARREAL, ARTURO
Address: 1500 SAN REMO AVE, # 248
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR (X) Change () Addition
Name: CHAVEZ, ALEJANDRO
Address: 1500 SAN REMO AVE, # 248
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM () Delete
Name: CASTRO, MARIO
Address: 1500 SAN REMO AVE, # 248
City-St-Zip: CORAL GABLES, FL 33146

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CASTRO

M

04/03/2009

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