

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000175370

**Entity Name:** SLS 208 LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134

**FILED**  
**Jul 13, 2016**  
**Secretary of State**  
**CR8101658272**

**Current Mailing Address:**

C/O MELLAW REGISTERED AGENTS, LLC  
2601 S. BAYSHORE DRIVE, SUITE 850  
COCONUT GROVE, FL 33133 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

MELLAW REGISTERED AGENTS, LLC  
2601 S. BAYSHORE DRIVE, SUITE 850  
COCONUT GROVE, FL 33133 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:** SANTIAGO ELJAIK III, MANAGER

07/13/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title: MANAGER  
Name: SALGADO RUBIANO, CARLOS FIDEL  
Address: 2121 PONCE DE LEON BLVD  
SUITE 1050  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER  
Name: SALGADO RUBIANO, MARCELA DEL PILAR  
Address: 2121 PONCE DE LEON BLVD  
SUITE 1050  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER  
Name: SALGADO RUBIANO, GIOVANNI  
Address: 2121 PONCE DE LEON BLVD  
SUITE 1050  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER  
Name: SALGADO RUBIANO, ANDRES ERNESTO  
Address: 2121 PONCE DE LEON BLVD  
SUITE 1050  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER  
Name: SALGADO VELEZ, CARLOS ARTURO  
Address: 2121 PONCE DE LEON BLVD  
SUITE 1050  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER  
Name: CASTILLO SALGADO, MIRTA CECILIA  
Address: 2121 PONCE DE LEON BLVD  
SUITE 1050  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER, CEO  
Name: SALGADO GARCIA, CARLOS ARTURO  
Address: 2121 PONCE DE LEON BLVD  
SUITE 1050  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARLOS ARTURO SALGADO GARCIA

**MANAGER**

07/13/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date