

2016 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M10000003381

Entity Name: TS ZERON IMPERIAL LLC**Current Principal Place of Business:**99 LOWERY ROAD
FREEPORT, FL 32439**Current Mailing Address:**TS-TRISTAR IMPERIAL
P.O.BOX 42569
LARNACA, 6500 CY**FEI Number:** 80-0631972**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ZORAN, ESTEVES DR.
99 LOWERY ROAD
FREEPORT, FL 32439 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:** PHD ZORAN ESTEVES

11/15/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	CONNELLY, DEBORAH
Address	P.O.BOX 3344
City-State-Zip:	NANTUCKET MA 02584-3344

Title	MGRM
Name	TS-IMPERIAL BANKING GROUP
Address	P.O.BOX 42569
City-State-Zip:	LARNACA 6500

Title	PRESIDENT
Name	ESTEVES, ZORAN M PHD
Address	P.O.BOX 42569
City-State-Zip:	LARNACA 6500

Title	MGR
Name	MARKOVIC, DRAGAN V DR.
Address	WEMMSTRASSE 39
City-State-Zip:	63619 BAD ORB, GERMANY

Title	MANAGING MEMBER
Name	ALEXANDER, KINTERAYA G DR.
Address	CORNER OF ARCHBISHOP KIPRIANOU, AND ZAKINTHOU STREET, ANTONIOU BUILDING, TS-TRISTAR IMPERIAL 1
City-State-Zip:	LARNACA 6012

Title	AUTHORIZED REPRESENTATIVE
Name	DENISE, BACH
Address	14 MONARCH BAY PLAZA SUITE 222
City-State-Zip:	MONARCH BEACH CA 92629

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: ZORAN M ESTEVES

PHD

11/15/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date