

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000005486

**FILED**  
**Feb 12, 2008**  
**Secretary of State**

**Entity Name:** APCO HOME BUILDERS LLC

**Current Principal Place of Business:**

3400 CORAL WAY  
600  
MIAMI, FL 331453053

**New Principal Place of Business:**

9560 S.W. 107 AVE.  
107  
MIAMI, FL 33176

**Current Mailing Address:**

3400 CORAL WAY  
600  
MIAMI, FL 331453053

**New Mailing Address:**

9560 S.W. 107 AVE.  
107  
MIAMI, FL 33176

**FEI Number:** 20-2227245

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAURELL, LUCY  
3400 CORAL WAY  
600  
MIAMI, FL 331453053 US

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

RAURELL, LUCY  
9560 S.W. 107 AVE  
107  
MIAMI, FL 33176 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: LUCY RAURELL

02/12/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RAURELL, LUCY  
Address: 3400 CORAL WAY # 600  
City-St-Zip: MIAMI, FL 331453053

Title: MGR ( ) Delete  
Name: GILMORE, MIRIAM  
Address: 3400 CORAL WAY, SUITE 600  
City-St-Zip: MIAMI, FL 331453070

**ADDITIONS/CHANGES:**

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

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: LUCY RAURELL

MGRM

02/12/2008

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