

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000116643

1. Limited Liability Company's Name

VILLAMAR GHC LLC

2. Principal Office Address - No P.O. Box #
6201 SW 70TH ST, 2ND FLOOR

3. Mailing Office Address
6201 SW 70TH ST, 2ND FLOOR

Suite, Apt #, etc

Suite Apt #, etc

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country
33143 USA

Zip Country
33143 USA

8 Name and Address of Current Registered Agent

Name

Antonio L. Martinez Esq.

Street Address (P.O. Box Number is Not Acceptable) Suite

2600 S. Douglas Road, Suite 305

Apt #, Etc

City State Zip Code
Coral Gables FL 33134

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 12/06/2005

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a certificate of status

CR2E041 (1/14)

3/27 AM 8:16

STATE OF FLORIDA
DIVISION OF CORPORATIONS
RECEIVED
3/27/2024

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent Erin Saville Erin Saville, Attorney-In-Fact
REGISTERED AGENT MUST SIGN

Date 3/27/2024

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	MPM LLC	6201 SW 70TH ST, 2ND FLOOR	MIAMI, FL 33143
MGR	JORGE MUNILLA	6201 SW 70TH ST, 2ND FLOOR	MIAMI, FL 33143

11. E-mail Address

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member Erin Saville Date 3/27/2024 Daytime Phone # 561-694-8107

Typed or printed name of signing authorized representative/member Erin Saville, Attorney-In-Fact