

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000020397

Entity Name: BLUE SKY HOLDINGS, LLC

**FILED**  
**Oct 02, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

1820 NORTH CORPORATE LAKES BLVD.  
SUITE 207  
WESTON, FL 33326

**New Principal Place of Business:**

9470 TANGERINE PL  
SUITE 309  
DAVIE, FL 33324

**Current Mailing Address:**

1820 NORTH CORPORATE LAKES BLVD.  
SUITE 207  
WESTON, FL 33326

**New Mailing Address:**

9470 TANGERINE PL  
309  
DAVIE, FL 33324

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

MARTINEZ, ISABEL  
1820 NORTH CORPORATE LAKES BLVD.  
SUITE 207  
WESTON, FL 33326 US

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

ESPIDO, ROBERT  
9470 TANGERINE PL  
SUITE 309  
DAVIE, FL 33324 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: ROBERT ESPIDO

10/02/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GIBELLI, HJALMAR  
Address: 1820 NORTH CORPORATE LAKES BLVD. SUITE 207  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GIBELLI, HJALMAR  
Address: 9470 TANGERINE PL SUITE 309  
City-St-Zip: DAVIE, FL 33324

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: HJALMAR GIBELLI

MGR

10/02/2007

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