

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000030875

FILED
Nov 01, 2007
Secretary of State

Entity Name: CHERRY APARTMENTS, LLC

Current Principal Place of Business:

312 N. 17 AV.
HOLLYWOOD, FL 33026

New Principal Place of Business:

Current Mailing Address:

3370 NE 190 ST PH 3713
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 22-3884498 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FERNANDEZ, JORGE
GBS CONSULTANTS
1290 WESTON ROAD SUITE 306
WESTON, FL 33326 US

Name and Address of New Registered Agent:

FERNANDEZ, JORGE
GBS CONSULTANTS
18501 PINES BLVD
PEMBROKE PINES, FL 33029 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: JOSE FERNANDEZ

11/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VENOSTA, JORGE A
Address: 3370 NE 190 ST PH 3713
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: VENOSTA, MARIELA
Address: 3370 NE 190 ST UNIT 3713
City-St-Zip: AVENTURA, FL 33180

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: JORGE A VENOSTA

MGRM

11/01/2007

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