

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000014239

1. Entity Name
128 PINECREST PROPERTIES LLC



FILED

09 AUG -4 AM 10:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
17234 SW 92ND AVE
MIAMI, FL 33157

Mailing Address
17234 SW 92ND AVE
MIAMI, FL 33157

2. Principal Place of Business - No P.O. Box #
17234 SW 92 AVE

3. Mailing Address
17234 SW 92 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI USA

4. FEI Number 20-4385775
APPLIED FOR

Applied For
Not Applicable

Zip 33157 Country USA

Zip 33157 Country USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AGUIRRE, JORGE
17234 SW 92ND AVE
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name AGUIRRE JORGE

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

17234 SW 92ND AVE.

City MIAMI FL Zip Code 33157

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

6/18/2009 MANAGING MEMBER 6/18/2009

FILE NOW!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ROSSIE, PEDRO
STREET ADDRESS 13230 SW 20TH STREET
CITY-ST-ZIP MIAMI, FL 33175

☐ Delete

TITLE MGRM
NAME JORGE, AGUIRRE
STREET ADDRESS 17234 SW 92ND AVE
CITY-ST-ZIP MIAMI, FL 33157

☐ Delete

TITLE
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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

Signature typed or printed name of signing managing member, manager, or authorized representative

6/18/2009 786 412-1679

N. O'Brien AUG - 5 2009