

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000106491

**Entity Name:** SALVADORI FAMILY, LLC

**Current Principal Place of Business:**

6450 COLLINS AVENUE  
708  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

C/O TRISTAN BOURGOIGNIE, P.A.  
5975 SUNSET DRIVE SUITE 603  
SOUTH MIAMI, FL 33143 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

TRISTAN BOURGOIGNIE, P.A.  
C/O TRISTAN BOURGOIGNIE, P.A.  
5975 SUNSET DRIVE SUITE 603  
SOUTH MIAMI, FL 33143 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:** P. TRISTAN BOURGOIGNIE

02/01/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name SALVADORI, FRANCIS  
Address C/O TRISTAN BOURGOIGNIE, P.A.  
5975 SUNSET DRIVE SUITE 603  
City-State-Zip: SOUTH MIAMI FL 33143

Title MANAGER  
Name SALVADORI, VERONIQUE  
Address C/O TRISTAN BOURGOIGNIE, P.A.  
5975 SUNSET DRIVE SUITE 603  
City-State-Zip: SOUTH MIAMI FL 33143

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANCIS SALVADORI

MANAGER

02/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date