

2008 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A06000000215

1. Entity Name
SOUTHWINDS SARTENEJA, LLLP



FILED
08 APR 18 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
18280 N.E. 7TH COURT
NORTH MIAMI BEACH, FL 33162

Mailing Address
18280 N.E. 7TH COURT
NORTH MIAMI BEACH, FL 33162

07



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032008 REIN-LP CR2E100 (1/07)

City & State

City & State

4. FEI Number
20-4256523

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146

Name

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

City

FL

Zip Code

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

LESIA A. SAME, VP.

ATRIUM REGISTERED AGENTS.

2/17/08

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

DATE

FILE NOW!!! FEE IS \$1000.00

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

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L05000120413
NAME SOUTHWINDS, LLC
STREET ADDRESS 18280 N.E. 7TH COURT
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

REINSTATEMENT 2007-2008

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/14/08 (305)968-2444

STAPLE CHECK HERE