

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000006537

1. Entity Name
HIALEAH FIRST, LLC



FILED

2004 OCT 15 A 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O 455 SW 8TH STREET
MIAMI, FL 33130

Mailing Address
C/O 455 SW 8TH STREET
MIAMI, FL 33130

2. Principal Place of Business
601 Brickell Key Drive

3. Mailing Address
601 Brickell Key Drive

Suite, Apt. #, etc.
Suite 604

Suite, Apt. #, etc.
Suite 604

10062004 REIN-LLC CR2E101 (6/04)

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
02-0605659

Applied For
Not Applicable

Zip
33131

Country
US

Zip
33131

Country
US

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

6. Name and Address of Current Registered Agent

VARELA, KAREN.L.
501 BRICKELL KEY DR
504
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Alvaro Castillo B., P.A.

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

1390 Brickell Avenue, Suite 200

City
Miami FL Zip Code 33131

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-12-04

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DIAZ, GENARO
439 SW 5 ST
MIAMI, FL 33130 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Sunny Enterprises, LLC
601 Brickell Key Drive, #604
Miami, Florida 33131 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700041908267
10/15/04--01091--016 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
REINSTATEMENT 04

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Genaro Diaz, Mgr.

10-12-04

(305) 391-5540

Date

Daytime Phone #