

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000008050

Entity Name: 300 GULF ROAD, LLC

**FILED**  
**Oct 14, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

785 CRANDON BLVD., #1201  
KEY BISCAYNE, FL 331492535

**New Principal Place of Business:**

4431 NW 74 AVENUE  
MIAMI, FL 33166

**Current Mailing Address:**

4431 NW 74 AVE  
MIAMI, FL 33166

**New Mailing Address:**

FEI Number: 01-0673847      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:**

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

AGI REGISTERED AGENTS, INC.  
1390 BRIDELL AVE  
MIAMI, FL 33131      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: AGI REGISTERED AGENTS, INC.

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: FRANCISCO JAVIER EST, EVES  
Address: 795 CRANDON BLVD 1201  
City-St-Zip: KEY BISCAYNE, FL 331492535

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: FRANCISCO JAVIER EST, EVEZ  
Address: 4431 NW 74 AVENUE  
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRANCISCO JAVIER ESTEVEZ

MGR

10/14/2005

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