

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000024971

1. Entity Name
7330 ASSOCIATES, L.L.C.



FILED

2009 JUL 23 P 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06222008 REIN-LLC CR2E101 (1/07)

Principal Place of Business
7300 S.W. 62ND PLACE, 3RD FLOOR
SOUTH MIAMI, FL 33143

Mailing Address
7300 S.W. 62ND PLACE, 3RD FLOOR
SOUTH MIAMI, FL 33143

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
45-0528760

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, NORMAN T
50 WEST MASHTA DRIVE, SUITE 4
KEY BISCAVNE, FL 33149

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
HIRSCH, NATHAN B
7300 SW 62 PL, 3RD FL
MIAMI, FL 33143

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

500132472215
07/08/08--01020--007 ***377.50

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
VIZOSO, JAVIER
7300 SW 62 PL, 3RD FL
MIAMI, FL 33143

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

SD
BAIL, KENNETH
7300 SW 62 PL
MIAMI, FL 33143

☐ Delete

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CITY-ST-ZIP

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07-08
REINSTATEMENT
AL

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 AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #