

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000006635

**FILED**  
**Oct 15, 2010**  
**Secretary of State**

**Entity Name:** CLAVETTE REAL ESTATE GROUP, LLC

**Current Principal Place of Business:**

605 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

12700 BISCAYNE BLVD  
SUITE #401  
NORTH MIAMI BEACH, FL 33181

**Current Mailing Address:**

605 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**New Mailing Address:**

12700 BISCAYNE BLVD  
SUITE #401  
NORTH MIAMI BEACH, FL 33181

**FEI Number:** 04-3733584

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLAVETTE, CLAYTON  
605 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US

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

HOLLY COHEN, P.A.  
12700 BISCAYNE BLVD  
SUITE #401  
MIAMI, FL 33181 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: HOLLY COHEN P.A.

10/15/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM

**Name:** CLAVETTE, CLAYTON R

**Address:** 12700 BISCAYNE BLVD, SUITE #401

**City-St-Zip:** NORTH MIAMI BEACH, FL 33181

I hereby 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: CLAYTON CLAVETTE

PRES

10/15/2010

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