

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000011760

1. Entity Name
CNC DEVELOPERS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 11:05

Principal Place of Business
1225 EL RADO STREET
CORAL GABLES, FL 33134

Mailing Address
1225 EL RADO STREET
CORAL GABLES, FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242006 REIN-LLC CR2E101 (11/05)

4. FEI Number
APPLIED FOR 20-0173702

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

SOTERO, NEISY
1225 EL RADO STREET
CORAL GABLES, FL 33134

Name *Edward Sotero*

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

14150 SW 129 ST

City *MIAMI FL*

FL *33186*

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 \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SOTERO, NEISY
1225 EL RADO STREET
CORAL GABLES, FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
600075191396
*05/24/06--01012--012 **200.00*

TITLE
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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 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-25-2006 305-968-0240

REINSTATEMENT