

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000014705

1. Entity Name
INVERSIONES 38484, L.L.C.



FILED

08 FEB 18 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
17555 COLLINS AVENUE
APT. # 2606
N. MIAMI BEACH, FL 33160 US

Mailing Address
17555 COLLINS AVENUE
APT. # 2606
N. MIAMI BEACH, FL 33160 US

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

01242008 REIN-LLC CR2E101 (1/07)

4. FEI Number

37-1473155

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

MARRERO, JOSE C
1820 N. CORPORATE LAKES BLVD.,
SUITE 105
WESTON, FL 33326

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 \$277.50~~

~~In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.~~

~~Make check payable to
Florida Department of State~~

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
DE KOESLING, DIANA ABEID
17555 COLLINS AVENUE, APT. # 2606
N. MIAMI BEACH, FL 33160

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

600118439366
02/20/08--01022--008 **138.75

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04/26/07- 90034-020- \$50.00

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REINSTATEMENT 07-08

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

Feb 11/08

Date

(305) 932 0131

Daytime Phone #