

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000019059

1. Entity Name  
SOUTH FLORIDA HOME VENTURES, LLC



REC  
01/18/08

07 DEC 28 AM 11:13

Principal Place of Business  
6800 S.W. 40TH STREET, STE. 950  
MIAMI, FL 33155

Mailing Address  
6800 S.W. 40TH STREET, STE. 950  
MIAMI, FL 33155



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12262007 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number  
20-0023770

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2008, Fee will be \$100.00**

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-STATE-ZIP  
MGR  
ADAMS, BRETT H.J.  
6800 S.W. 40TH STREET, STE. 950  
MIAMI, FL 33155 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition  
800113480858  
12/28/07--01035--002 \*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGR  
ADAMS, FANTINA M  
6800 S.W. 40TH STREET, STE. 950  
MIAMI, FL 33155 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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☐ Delete

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☐ Change ☐ Addition

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 #

Brett Adams MGR

12/26/07 726) 7367