

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000024653

FILED
Sep 22, 2009
Secretary of State

Entity Name: PREMIUM PROPERTY INVESTORS, LLC

Current Principal Place of Business:

2575 SOUTH BAYSHORE DRIVE
SUITE 3A
MIAMI, FL 33133

New Principal Place of Business:

1172 S. DIXIE HWY.
SUITE 610
MIAMI, FL 33146

Current Mailing Address:

2575 SOUTH BAYSHORE DRIVE
SUITE 3A
MIAMI, FL 33133

New Mailing Address:

1172 S. DIXIE HWY.
SUITE 610
MIAMI, FL 33146

FEI Number: 20-0095142 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SYMONS, RALPH W
2575 SOUTH BAYSHORE DRIVE
SUITE 3A
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

SYMONS, RALPH W
1172 S. DIXIE HWY.
SUITE 610
MIAMI, FL 33146 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: RALPH W. SYMONS

09/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SYMONS, RALPH W
Address: 2575 S. BAYSHORE DRIVE, SUITE 3A
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SYMONS, RALPH W
Address: 1172 S. DIXIE HWY SUITE #610
City-St-Zip: MIAMI, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: RALPH W. SYMONS

MGRM

09/22/2009

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