

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000037757

1. Entity Name
SOUTH BAY VILLAGE, L.L.C.



FILED

04 OCT 25 PM 4:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
1680 MICHIGAN AVE SUITE 1001
MIAMI BEACH, FL 33137 US

Mailing Address
1680 MICHIGAN AVE SUITE 1001
MIAMI BEACH, FL 33137 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10202004 REIN-LLC

CR2E101 (6/04)

10/25

FEI Number

20-0317773

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEARD, DENNIS R
1717 N. BAYSHORE DR.
#215
MIAMI, FL 33132

7. Name and Address of New Registered Agent

Name ERLY D. DECASTRO
Street Address (P.O. Box Number is Not Acceptable)

1680 MICHIGAN AVE SUITE 1001
MIAMI BEACH FL 33137

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 ERLY D. DECASTRO

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

Oct 18, 04

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, 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

TITLE MGR ☐ Delete
NAME DOMINION DEVELOPERS, L.L.C.
STREET ADDRESS 1680 MICHIGAN AVE SUITE 1001
CITY-ST-ZIP MIAMI BEACH, FL 33137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Addition
NAME 8000421585
STREET ADDRESS 10/25/04--01063--011 **50.00
CITY-ST-ZIP

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Oct 18, 04 (305) 534-0551

Date

Daytime Phone

ext 2005

REINSTATEMENT

w/o penalty fees