

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000040415

Entity Name: DECOFIN LLC

**FILED**  
**Aug 12, 2013**  
**Secretary of State**

## **Current Principal Place of Business:**

% BAKER&MCKENZIE LLP,ATTN:SARAH WINSTO  
130 EAST RANDOLPH DRIVE #3500  
CHICAGO, IL 60601

## **New Principal Place of Business:**

C/O ANDRE SOLIEL  
32 COURT STREET SUITE 1107  
BROOKLYN, NY 11201

## **Current Mailing Address:**

% BAKER&MCKENZIE LLP,ATTN:SARAH WINSTO  
130 EAST RANDOLPH DRIVE #3500  
CHICAGO, IL 60601

## **New Mailing Address:**

C/O ANDRE SOLIEL  
32 COURT STREET SUITE 1107  
BROOKLYN, NY 11201

FEI Number: 41-2225916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## **Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## **Name and Address of New Registered Agent:**

CO CT CORPORORAT SOLUTIONS  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: BYRON COLLIER

08/12/2013

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM

Name: COLLIER, BYRON

Address: C/O ANDRE SOLIEL 32 COURT STREET, SUITE 11

City-St-Zip: BROOKLYN, NY 11201

I hereby 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: BYRON COLLIER

MR.

08/12/2013

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