

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000021705

1. Entity Name
TAYLORMADE INVESTMENTS, LLC



FILED

2007 APR 30 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1500 SAN REMO AVENUE 44 West Flagler Street
130 #475
CORAL GABLES, FL 33146 miami, FL 33130

Mailing Address

C/O SAT REGISTERED AGENTS, LLC
1500 SAN REMO AVENUE, SUITE 130 44 West Flagler Street
CORAL GABLES, FL 33146 #475
miami, FL 33130

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232007 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number
20-0891690

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

SAT REGISTERED AGENTS, LLC
1500 SAN REMO AVENUE 44 West Flagler Street
130 Suite 475
CORAL GABLES, FL 33146 miami, FL 33130

7. Name and Address of New Registered Agent

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

Stephen A. Taylor
Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

4/23/07
DATE

FILE NOW!!! FEE IS \$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 TAYLOR, STEPHEN A
STREET ADDRESS 1500 SAN REMO AVENUE, SUITE 130 44 West Flagler Street
CITY-ST-ZIP CORAL GABLES, FL 33146 #475 miami, FL 33130

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500102527035
05/15/07-01039-013 **100.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 06-07

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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

4/23/07

Date

(305) 722-0001

Daytime Phone: #