

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000034958 1. Entity Name STS PROPERTY INVESTMENTS LLC					
Principal Place of Business 2977 MCFARLANE ROAD, STE. 303 COCONUT GROVE, FL 33133			Mailing Address 2977 MCFARLANE ROAD, STE. 303 COCONUT GROVE, FL 33133		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1333577	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOREIRA, ROBERT 2977 MCFARLANE ROAD, STE. 303 COCONUT GROVE, FL 33133			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 - ST - ZIP	PRES MORERIA, ROBERT M PRESIDE 2977 MCFARLANE ROAD SUITE 302 COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	100110869551 10/16/07--01068--007 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date				Daytime Phone #	

FILED

07 OCT 17 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10022007 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-1333577

Applied For
Not Applicable

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

MOREIRA, ROBERT
2977 MCFARLANE ROAD, STE. 303
COCONUT GROVE, FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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Make check payable to
Florida Department of State

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRES
MORERIA, ROBERT M PRESIDE
2977 MCFARLANE ROAD SUITE 302
COCONUT GROVE, FL 33133**

☐ Delete

TITLE
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CITY - ST - ZIP
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10/16/07--01068--007 **50.00**

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☐ Addition

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #