

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000036287

Entity Name: 2330 VENTURE LLC

FILED  
Oct 20, 2009  
Secretary of State

**Current Principal Place of Business:**

2964 AVIATION AVE #300  
300  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2964 AVIATION AVE #300  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number: 65-1007531      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:**

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

GUTIERREZ, GUSTAVO  
2964 AVIATION AVE #300  
COCONUT GROVE, FL 33133      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: GUSTAVO GUTIERREZ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GUTIERREZ, GUSTAVO  
Address: 2964 AVIATION AVE #300  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGRM ( ) Delete  
Name: BRADMAN, DAVID  
Address: 2964 AVIATION AVE #300  
City-St-Zip: COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID BRADMAN

MGRM

10/20/2009

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