## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000043223

Entity Name: BUTTERFLY, LLC

**FILED** Sep 21, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

170 OCEAN LANE DR., UNIT 406 255 SUNRISE DRIVE

KEY BISCAYNE, FL 33149

APT. 204 KEY BISCAYNE, FL 33149

**Current Mailing Address: New Mailing Address:** 

170 OCEAN LANE DR., UNIT 406 255 SUNRISE DRIVE KEY BISCAYNE, FL 33149

APT. 204

KEY BISCAYNE, FL 33149

FEI Number: 20-1227709 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:

CALVO, LIZBETH F P.A CALVO, LIZABETH F P.A 328 CRÁNDON BOULEVARD, SUITE 226 328 CRANDON BOULEVARD KEY BISCAYNE, FL 33149 SUITE 226

KEY BISCAYNE, FL 33149 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: LIZABETH F. CALVO 09/21/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: **PMGR** () Delete (X) Change ( ) Addition

LOPEZ, PAUL LOPEZ, PAUL Name: Name: Address: 170 OCEAN LANE DR., UNIT 406 Address: 255 SUNRISE DRIVE City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: APT. 204, FL 33149 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAULA LOPEZ **PMGR** 09/21/2005