

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000003004

Entity Name: STARVESTERS LLC

FILED
Dec 08, 2007
Secretary of State

Current Principal Place of Business:

1370 WASHINGTON AVENUE, SUITE 211
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1370 WASHINGTON AVENUE, SUITE 211
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 20-2141764 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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

ANDRE FIEFE
1370 WASHINGTON AVE 211
211
MIAMI, FL 33139 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: ANDRE FIEFE

12/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FIEFE, ANDRE
Address: 1370 WASHINGTON AVENUE, SUITE 211
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: MORISSEAU, GUERDIE
Address: 1370 WASHINGTON AVENUE, SUITE 211
City-St-Zip: MIAMI BEACH, FL 33139

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: GUERDIE MORISSEAU

MEMB

12/08/2007

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