

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000017507

1. Entity Name
PINEAPPLE COVE DEVELOPERS, LLC



Principal Place of Business
3356 BIRD AVE
#11
COCONUT GROVE, FL 33133

Mailing Address
3356 BIRD AVE
#11
COCONUT GROVE, FL 33133

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

3356 BIRD AVE

3. Mailing Address

3356 BIRD AVE

Suite, Apt. #, etc.

3

Suite, Apt. #, etc.

3

City & State

COCONUT GROVE, FL

City & State

COCONUT GROVE, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

6. Name and Address of Current Registered Agent

BARRENECHE, KATIHUSKA M
3356 BIRD AVE
#11
COCONUT GROVE, FL 33133

BK

7. Name and Address of New Registered Agent

Name GREGORIO R. BARRENECHE

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

3356 BIRD AVE # 3

City COCONUT GROVE

FL

Zip Code 33133

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

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

SEP. 20. 07

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

TITLE MGRM
NAME BARRENECHE, KATIHUSKA M MGRM
STREET ADDRESS 3356 BIRD AVE
CITY-ST-ZIP COCONUT GROVE, FL 33133

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

Suite # 3

TITLE MGRM
NAME BARRENECHE, GREGORIO R MGRM
STREET ADDRESS 3356 BIRD AVE
CITY-ST-ZIP COCONUT GROVE, FL 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

Suite # 3

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

REINSTATEMENT

2007

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

09.20.07