

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000026305

1. Entity Name
BILLFISH INVESTMENTS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -5 AM 8:53

Principal Place of Business
PLAZA 57, STE ~~400~~ 400
7301 SW 57TH CT
SOUTH MIAMI, FL 33143

Mailing Address
PLAZA 57, STE ~~400~~
7301 SW 57TH CT
SOUTH MIAMI, FL 33143



2. Principal Place of Business
1111 Brickell Avenue

3. Mailing Address
1111 Brickell Avenue

Suite, Apt. #, etc.
Suite 2802

Suite, Apt. #, etc.
Suite 2802

City & State
Miami, FL

City & State
Miami, FL

Zip
33131

Country
US

Zip
33131

Country
US

11282006 REIN-LLC CR2E101 (11/05)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DICKERSON, LYMAN B
PLAZA 57, STE 515
7301 SW 57TH CT
SOUTH MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name
Lyman B. Dickerson
Street Address (P.O. Box Number is Not Acceptable)
1111 Brickell Avenue
Suite 2802
City
Miami FL Zip Code
33131

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

Lyman B. Dickerson

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

(NOTE: Registered Agent signature required when reinstating)

12/1/06

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Lyman B. Dickerson
1111 Brickell Ave, Suite 2802
Miami, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100082263091
12/04/06--01056--013 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
STATEMENT 2006

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Lyman B. Dickerson

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

12/1/06

DATE

(305) 350-9700

DAYTIME PHONE #