

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000070434

**FILED**  
**Aug 18, 2009**  
**Secretary of State**

**Entity Name:** GHH PROJECTS, LLC

**Current Principal Place of Business:**

1390 BRICKELL AVENUE, SUITE 200  
MIAMI, FL 33131

**New Principal Place of Business:**

2777 SW 24 AVE  
MIAMI, FL 33133

**Current Mailing Address:**

1390 BRICKELL AVENUE, SUITE 200  
MIAMI, FL 33131

**New Mailing Address:**

2777 SW 24 AVE  
MIAMI, FL 33133

**FEI Number:** 20-3180949      **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:**

ALVARO CASTILLO B., P.A.  
1390 BRICKELL AVENUE, SUITE 200  
MIAMI, FL 33131      US

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

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: ALVARO CASTILLO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: GONZALEZ DE PICONE, SILVANA IRIS B  
Address: 1390 BRICKELL AVENUE, SUITE 200  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: PICONE, SERGIO G  
Address: 2777 SW 24 AVE  
City-St-Zip: MIAMI, FL 33133

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: SERGIO G. PICONE

MGR

08/18/2009

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