

2000 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000103367

1. Entity Name
500 BRICKELL E3405 LLC



FILED

2009 APR -7 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2100 PONCE DE LEON BOULEVARD, SUITE 600
CORAL GABLES, FL 33134

Mailing Address
2100 PONCE DE LEON BOULEVARD, SUITE 600
CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #
5600 Collins Ave

3. Mailing Address
5600 Collins Ave

Suite, Apt. #, etc.
APT 4-R

Suite, Apt. #, etc.
APT 4-R

City & State
Miami Beach, FL

City & State
Miami Beach, FL

Zip
33140

Country
USA

Zip
33140

Country
USA

03062009 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-3654392

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GURIAN, JORGE
2100 PONCE DE LEON BOULEVARD, SUITE 600
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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]*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SULLIVAN, FABIOLA 2100 PONCE DE LEON BOULEVARD, SUITE 600 CORAL GABLES, FL 33134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700148972617 04/07/09--01030--013 **377.50	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT	☐ Change ☐ Addition
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]* Fabiola Sullivan MGRM 04/06/09 305-4312550

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