

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

| | | | | | |
|---|--|--|--|--|--|
| DOCUMENT # L050Q0118599 1. Entity Name STS PROPERTY INVESTMENTS CHANDLER, LLC <div style="text-align: right; font-size: 1.2em;">9/26/08</div> | | | | <div style="position: absolute; top: 0; right: 0; text-align: right;"> FILED 09 JAN 13 PM 1:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div> | |
| Principal Place of Business 2977 MCFARLANE ROAD, SUITE 302 COCONUT GROVE, FL 33133 | | Mailing Address 2977 MCFARLANE ROAD, SUITE 302 COCONUT GROVE, FL 33133 | | 01092009 REIN-LLC CR2E101 (1/07) | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number APPLIED FOR | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent MOREIRA, ROBERT M JR. 2977 MCFARLANE ROAD, SUITE 302 COCONUT GROVE, FL 33133 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$277.50 | | 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 | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MOREIRA, ROBERT M JR. 2977 MCFARLANE ROAD, SUITE 302 COCONUT GROVE, FL 33133 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition 100140383591 01/12/09--01075--004 **277.50 </div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> REINSTATEMENT SIGNATURE: </div> <div style="text-align: right;"> Without Penalty 2008-2009 up 1/15 </div> </div> | | | | | |
| 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 or were to be appointed this report as required by Chapter 608, Florida Statutes. | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> 1-7-09 3059626115 </div> <div> DATE Daytime Phone # </div> </div> | | | | | |