2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000120065

GHB DEVELOPER CORP.

1302 SW BABCOCK AVENUE

PORT ST. LUCIE, FL 34953

Name:

Address:

City-St-Zip:

Entity Name: GHB 19 LLC

FILED Dec 09, 2009 Secretary of State

Current Principal Place of Business:		New Princ	New Principal Place of Business:		
1302 SW BABCOCK AVENUE PORT ST. LUCIE, FL 34953			11990 SW 94TH CT. MIAMI, FL 33176		
Current Mailing Address:		New Maili	New Mailing Address:		
12855 SW 136 AVE 107 MIAMI, FL 33186			11990 SW 94TH CT. MIAMI, FL 33176		
In accordan	ce with s. 607.193(2)(b), F.S., the limited liability company d		ne prior notice.	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
1333 COR STE 202 MIAMI, FL The above	33145 US named entity submits this statement for the purpose	e of changing i	its registered o	office or registered agent, or both	
in the State	e of Florida.		Ū		
SIGNATU	RE: DAGMAR LLAUDY				
	Electronic Signature of Registered Agent			Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR () Delete GONZALEZ, ROBERTO 1302 SW BABCOCK AVENUE PORT ST. LUCIE, FL 34953	Title: Name: Address: City-St-Zip:	MGR (X GONZALEZ, R 11990 SW 94 ⁻ MIAMI, FL 33 ⁻	гн ст	
Title: Name: Address: City-St-Zip:	MGR () Delete FONTA, LAZARO 1302 SW BABCOCK AVENUE PORT ST. LUCIE, FL 34953	Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete DULCE INVESTMENT, INC. 1302 SW BABCOCK AVENUE PORT ST. LUCIE, FL 34953	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title:	MGR () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERTO GONZALEZ MGR 12/09/2009