

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000120386

FILED
Mar 09, 2009
Secretary of State

Entity Name: HPRS LLC *****

Current Principal Place of Business:

100 S.E. 2ND STREET, STE. 1120
MIAMI, FL 33131

New Principal Place of Business:

100 SE 2ND STREET, STE. 1120
MIAMI, FL 33131

Current Mailing Address:

100 S.E. 2ND STREET, STE. 1120
MIAMI, FL 33131

New Mailing Address:

100 SE 2ND STREET, STE. 1120
MIAMI, FL 33131

FEI Number: 20-4025650 **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:

LESAGE, FERNANDO
100 SE 2ND STREET, SUITE 1120
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: FERNANDO LESAGE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NEVES, FABRIZIO D
Address: 2735 BRICKELL COURT
City-St-Zip: MIAMI, FL 33120

Title: MGRM () Delete
Name: FRAGALI, LUIS
Address: 100 S.E. 2ND STREET, STE. 1120
City-St-Zip: MIAMI, FL 33131

Title: MGRM (X) Delete
Name: LESAGE, FERNANDO
Address: 100 S.E. 2ND STREET, STE. 1120
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: LESAGE, FERNANDO
Address: 100 SE 2ND STREET, STE. 1120
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FABRIZIO NEVES

MGRM

03/09/2009

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