

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000006049

1. Entity Name
VERGHO REAL ESTATE DEVELOPMENT, LLC



Principal Place of Business
18617 SW 107TH AVENUE
MIAMI, FL 33157 US

Mailing Address
18617 SW 107TH AVENUE
MIAMI, FL 33157 US

FILED

2007 OCT 16 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

09262007 REIN-LLC

CR2E101 (1/07)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARBALLO, JOSEPH A
444 BRICKELL AVENUE
SUITE 425
MIAMI, FL 33131

Name

LAMELAS CARBALLO P.A.

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

806 Douglas Road #625

City

Corral Gables

FL

Zip Code

33134

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

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
MGR
VERGHO, JAMES L
18617 SW 107TH AVENUE
MIAMI, FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200110745052
10/12/07--01067--006 **50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #