

# 2007-LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000012872

1. Entity Name  
ERITHO, L.L.C.



Principal Place of Business  
9619 FOUNTAINBLEAU BLVD.  
SUITE 607  
MIAMI, FL 33172

Mailing Address  
9619 FOUNTAINBLEAU BLVD.  
SUITE 607  
MIAMI, FL 33172

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUZMAN & GUZMAN, P.A.  
9130 S. DADELAND BLVD.  
SUITE 1504  
MIAMI, FL 33156

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, 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 MGR ☐ Delete  
NAME ASTUDILLO DE VILLAOL, GRACIELA  
STREET ADDRESS 9619 FOUNTAINBLEAU BLVD.  
CITY-ST-ZIP MIAMI, FL 33172

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME TTILBE, EZEQUIEL CHRIS  
STREET ADDRESS 9619 FOUNTAINBLEAU BLVD.  
CITY-ST-ZIP MIAMI, FL 33172

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME VILLAOLA, ALEJANDRA LORE  
STREET ADDRESS 9619 FOUNTAINBLEAU BLVD.  
CITY-ST-ZIP MIAMI, FL 33172

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

APPROVED  
AND  
FILED

07 OCT 25 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



0420107 90045 011 \$50.00  
10152007 REIN-LLC CR2E101 (1/07)

4. FEI Number

20-4259236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional**  
**Fee Required**

REINSTATEMENT

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