

**2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 02, 2007  
Secretary of State**

DOCUMENT# L06000022283

Entity Name: BELLAGIO 212, LLC

**Current Principal Place of Business:**

1741 ALTON ROAD  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1741 ALTON ROAD  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 01-0871108      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:**

**Name and Address of New Registered Agent:**

RUDD, GEORGE E ESQ  
1743 ALTON ROAD  
MIAMI BEACH, FL 33139      US

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: RUDD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: TESSIER, MICHEL  
Address: 1741 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33139

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

Title: MGRM      ( ) Delete  
Name: TESSIER, NATHALIE  
Address: 1741 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33139

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: TESSIER

MGRM

10/02/2007

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