

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L06000042279**

1. Entity Name  
COLONY RB-GEM, LLC



**FILED**

07 NOV 19 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
4937 S.W. 75TH AVENUE  
MIAMI, FL 33155

Mailing Address  
4937 S.W. 75TH AVENUE  
MIAMI, FL 33155

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



10122007 REIN-LLC CR2E101 (1/07)

4. FEI Number  
20-4760284

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
RB-GEM MANAGEMENT LLC  
4937-S.W.-75TH AVENUE  
MIAMI, FL 33155

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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**MANAGER.**  
**LUIS ALONSO.**  
**4937 SW 75 AVE.**  
**MIAMI, FL 33155**

05/01/07 90335 035

\* 50.00

**REINSTATEMENT**

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:** \_\_\_\_\_ **10/18/07** **305-667-8584**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #