

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000091605

**FILED**  
**Oct 16, 2007**  
**Secretary of State**

**Entity Name:** HOLDERNESS INVESTMENTS, LLC

**Current Principal Place of Business:**

2525 PONCE DE LEON BLVD.  
SUITE 400  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2525 PONCE DE LEON BLVD.  
SUITE 400  
CORAL GABLES, FL 33134

**New Mailing Address:**

C/O ROBERT B. MACAULAY  
2525 PONCE DE LEON BLVD., STE. 400  
CORAL GABLES, FL 33134

**FEI Number:** 71-1012428      **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:**

MACAULAY, ROBERT B  
ADORNO & YOSS LLP  
2525 PONCE DE LEON BLVD. SUITE 400  
CORAL GABLES, FL 33134 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: ROBERT B. MACAULAY

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MM ( ) Change (X) Addition  
Name: FERREIRA, LUIS  
Address: 2525 PONCE DE LEON BOULEVARD, STE. 400  
City-St-Zip: CORAL GABLES, FL 33134 US

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: LUIS FERREIRA

MM

10/16/2007

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