

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

09 OCT 14 AM 8:37

DOCUMENT # L06000092506

1. Entity Name  
PBHA FAMILY OFFICE LLC



Principal Place of Business  
C/O CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD, #221E  
PALM BEACH GARDENS, FL 33410 US

Mailing Address  
360 CENTRAL PARK WEST  
12C  
NEW YORK, NY 10025 NY

REINSTATEMENT 2008-09 28M



2. Principal Place of Business - No P.O. Box #  
520 EIGHT AVENUE

Suite, Apt. #, etc.  
18TH FLOOR c/o C.GIOVANNETTI

City & State  
NEW YORK, NY 10018

Zip  
10018

Country  
USA

3. Mailing Address  
520 EIGHT AVENUE

Suite, Apt. #, etc.  
18TH FLOOR c/o C.GIOVANNETTI

City & State  
NEW YORK, NY 10018

Zip  
10018

Country  
USA

08262009 REIN-LLC

CR2E101 (1/07)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD  
#221E  
PALM BEACH GARDENS, FL 33410

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

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

(NOTE: Registered Agent signature required when reinstating)

27-8-09

DATE

FILE NOW!!! FEE IS \$277.50

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PEZZULLI, GIUSEPPE  
360 CENTRAL PARK WEST, SUITE 12C  
NEW YORK, NY 10025 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PEZZULLI, GIUSEPPE  
VIA DEGLI ELICI 39  
00172 ROME ITALY ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300161547563  
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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: G PEZZULLI, MANAGER, *G Pezzulli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

27-8-09

212 239 7225

Date

Daytime Phone #