

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 SEP 23 AM 8:40

DOCUMENT # L07000007040

1. Entity Name
TAG 44, LLC



Principal Place of Business
**12 TAHITI BEACH ISLAND ROAD
CORAL GABLES, FL 33143**

Mailing Address
**12 TAHITI BEACH ISLAND ROAD
CORAL GABLES, FL 33143**

ox



2. Principal Place of Business - No P.O. Box #
1691 NW 107th Ave.
Suite, Apt. #, etc.

3. Mailing Address
1691 NW 107th Ave
Suite, Apt. #, etc.

07292009 REIN-LLC CR2E101 (1/07)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
20-8274303

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146**

BK

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.

Atrium Registered Agents, Inc.

SIGNATURE *Robert A. Stamen* by: **Robert A. Stamen, VP**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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.



9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
MGR GAJWANI, ANIL
STREET ADDRESS **12 TAHITI BEACH ISLAND ROAD**
CITY-ST-ZIP **CORAL GABLES, FL 33143**

TITLE NAME Change Addition
MGR GAJWANI, ANIL
STREET ADDRESS **1691 NW 107th Ave.**
CITY-ST-ZIP **Miami, FL 33172**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
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TITLE NAME Delete
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CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

700160981657
09/24/09--01001--013 **277.50

REINSTATEMENT

2008-2009

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