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

08

07292009 REIN-LLC CR2E101 (1/07)

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.

City & State
Miami,, FL

City & State
Miami, FL

Zip | Country | Zip | Country

4. FEI Number
20-8274303
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

BK

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 Robert A. Stamen
Atrium Registered Agents, Inc.
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.

Make Check Payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	MGR XX ☐ Change ☐ Addition
NAME	GAJWANI, ANIL	NAME	GAJWANI, ANIL
STREET ADDRESS	12 TAHITI BEACH ISLAND ROAD	STREET ADDRESS	1691 NW 107th Ave.
CITY-ST-ZIP	CORAL GABLES, FL 33143	CITY-ST-ZIP	Miami, FL 33172
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	700160981657
STREET ADDRESS		STREET ADDRESS	09/24/09--01001--013 **277.50
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	2008-2009
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

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